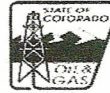




02561227

FORM 21 Rev 3/13

State of Colorado Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

FOR OGCC USE ONLY  
6-9-14

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

- 1. Duration of the pressure test must be a minimum of 15 minutes.
2. A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
3. For production wells, test pressures must be a at minimum of 300 psig.
4. Injection well tests must be witnessed by an OGCC representative.
5. New injection wells must be tested to maximum requested injection pressure.
6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
8. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
9. OGCC notification must be provided 10 days prior to the test via Form 42.
10. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

Complete the Attachment Checklist

OGCC Operator Number: 17180
Name of Operator: CITATION OIL & GAS CORP
Address: 14077 CUTTEN RD
City: HOUSTON State: TX Zip: 77269
API Number: 05-017-0652 Field Name: MOUNT PEARL Field Number: 56770
Well Name: MPU 44-30 Number: 1
Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE 30 13S 47W 6 PM

Table with 3 columns: Attachment Name, Oper, OGCC. Rows include Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Other Report 1, Other Report 2.

SHUT-IN PRODUCTION WELL [checked] INJECTION WELL [ ]
Part I. Pressure Test
5-Year UIC Test [ ] Test to Maintain SI/TA Status [checked] Reset Packer [ ]
Verification of Repairs [ ] Tubing/Packer Leak [ ] Casing Leak [ ] Other (Describe): [ ]

Describe Repairs: [ ]

Wellbore Data at Time of Test
Injection/Producing Zone(s): MRRWB
Perforated Interval: 5370-5374
Open Hole Interval: [checked] NA
Casing Test [checked] NA

Tubing Casing/Annulus Test [ ] NA
Tubing Size: 2.875 Tubing Depth: 5306 Top Packer Depth: 5306 Multiple Packers? [ ] Yes [checked] No

Test Data table with columns: Test Date, Well Status During Test, Date of Last Approved MIT, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure, Starting Casing Test Pressure, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Final Casing Pressure, Pressure Loss or Gain During Test.

Test Witnessed by State Representative? [checked] Yes [ ] No
OGCC Field Representative (Print Name): CRAIG QUINT

Part II. Wellbore Channel Test Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

Tracer Survey [ ] CBL or Equivalent [ ] Temperature Survey [ ]
Run Date: [ ] Run Date: [ ] Run Date: [ ]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: GEOFF WOLFF
Signed: [Signature] Title: ASST. PRODUCTION FOREMAN Date: 06/06/2014
OGCC Approval: [Signature] Title: EAST REGION INSPECTION SUPERVISOR Date: 06/06/2014
Conditions of Approval, if any: [ ]