

E Form Doc # 4007 1966A



FORM 21 Rev 3/13

here to reset the form
State of Colorado
Oil and Gas Conservation Commission



FOR OGCC USE ONLY

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

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: <u>86610</u>	Contact Name and Telephone Charles A. Sprague	Oper	OGCC
Name of Operator: <u>Caerus WASHCO LLC</u>	No: <u>(970) 332-3520</u>	Pressure Chart	
Address: <u>600 17th St. Ste, 1600N</u>	Email: <u>csprague@caerusoilandgas.com</u>	Cement Bond Log	
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>		Tracer Survey	
API Number: <u>05-125-08156</u> Field Name: <u>Bonner</u> Field Number: _____		Temperature Survey	
Well Name: <u>Wudtke</u> Number: <u>31-22</u>		Other Report 1	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSE, 22, 3s, 44w, 6</u>		Other Report 2	

SHUT-IN PRODUCTION WELL INJECTION WELL Facility No.: _____

Part I. Pressure Test

- 5-Year UIC Test Test to Maintain SI/TA Status Reset Packer
 Verification of Repairs Tubing/Packer Leak Casing Leak Other (Describe): _____

Describe Repairs: _____

NA - Not Applicable	Wellbore Data at Time of Test	Casing Test <input type="checkbox"/> NA
Injection/Producing Zone(s) Niobrara	Perforated Interval: <input type="checkbox"/> NA Open Hole Interval: <input checked="" type="checkbox"/> NA 1822-1852	Use when perforations or open hole is isolated by bridge plug or cement plug
		Bridge Plug or Cement Plug Depth 1770

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size: N/A	Tubing Depth: N/A	Top Packer Depth: N/A	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
10/21/14	SI	9-30-2009	0	0	0
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
375	370	370	370	-5	

Test Witnessed by State Representative? Yes No

OGCC Field Representative (Print Name): Brian Welsh

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.

<input type="checkbox"/> Tracer Survey	<input type="checkbox"/> CBL or Equivalent	<input type="checkbox"/> 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: Charles A. Sprague

Signed: Blair S. Sprague Title: Senior Lead Pumpco Date: 10-21-14

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any:

INSR Doc # 668500429
#2 # 400703483