

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

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 at a minimum of 300 psig.
4. For injection wells, test pressures must be at 300 psig or minimum injection pressure, whichever is greater.
5. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
6. Do not use this form if submitting under provisions of Rule 328.a. (1) B. or C.
7. OGCC notification must be provided prior to the test.
8. Packers or bridge plugs, etc., must be set within 250 feet of the perforated interval to be considered a valid test.

Complete the
Attachment Checklist

OGCC Operator Number: <u>95620</u>	Contact Name and Telephone <u>Steve James</u>
Name of Operator: <u>Western OPERATING</u>	No: _____
Address: <u>518 17th St. Suite 200</u>	Fax: _____
City: <u>Denver</u> State: _____ Zip: _____	
API Number: <u>05-075-08391</u> Field Name: _____ Field Number: _____	
Well Name: <u>Emerald</u> Number: <u>2-35</u>	
Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>N40SW 35 - T9N - R54W 6th</u>	

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

☐ 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 Test	Casing Test <input type="checkbox"/> NA Use when perforations or open hole is isolated by bridge plug or cement plug Bridge Plug or Cement Plug Depth
Injection/Producing Zone(s) <u>✓ SAND</u>	Perforated Interval: <input type="checkbox"/> NA Open Hole Interval: <input checked="" type="checkbox"/> NA <u>5208-5214</u>	

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size: <u>2-7/8</u>	Tubing Depth: <u>5166</u>	Top Packer Depth: <u>5166</u>	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
	<u>SL</u>	<u>11-7-14</u>	<u>0</u>		
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
<u>425</u>	<u>415</u>	<u>415</u>	<u>415</u>	<u>-10</u>	

Test Witnessed by State Representative? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OGCC Field Representative: <u>KYM Schure</u>
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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 Run Date: _____	<input type="checkbox"/> CBL or Equivalent Run Date: _____	<input type="checkbox"/> Temperature Survey Run Date: _____
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Jack Crumley

Signed: _____ Title: _____ Date: 12-19-2014

OGCC Approval: [Signature] Title: COGCC Date: 12-19-2014

Conditions of Approval, if any: