

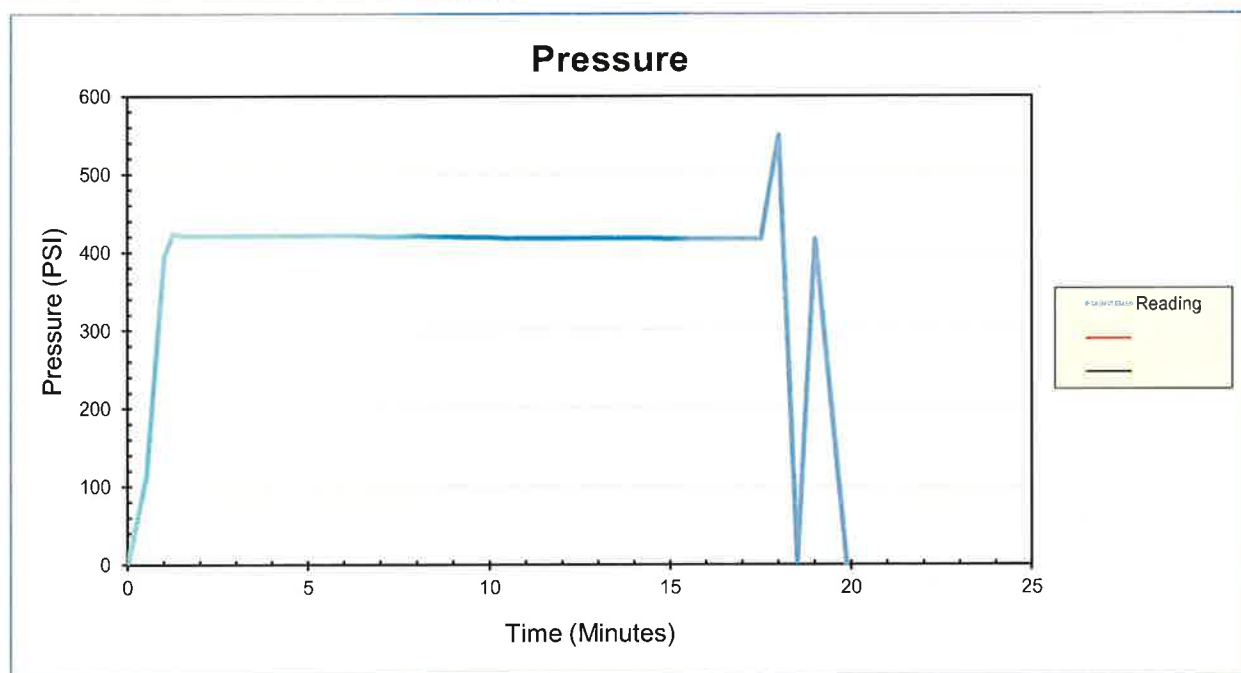


COMPANY: Black Hills Plateau
LEASE NAME: Winter Flats
WELL NUMBER: 1-11-99
COMPANY REP: Mike Durham
PFR REP: Brian Back
COUNTY: Mesa
STATE: Colorado
DATE: 3/23/2013

MIT Pressure Test

Gauge Information	
Serial Number	262358
Model	10KPSIXP2I
Message Store	-----
Units	PSI

Run Info	
Start Time	3/23/13 11:06:11 AM
Stop Time	3/23/13 11:26:03 AM
Logging Interval	1



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 326 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: 10150	Contact Name and Telephone
Name of Operator: Black Hills Plateau Production	Jessica Donahue
Address: 1515 Wynkoop St., Suite 500	No: 720-210-1333
City: Denver State: CO Zip: 80202	Fax: 303-566-3344
API Number: 05-077-08464	Field Name: Bronco Flats
Well Name: Winter Flats	Field Number: 7563
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW Sect. 11, T9S R99W, 6th PM	Number: 1-11-99

	OGCC
Pressure Chart	
Cement Bond Log	
Tracer Survey	
Temperature Survey	
Digital Recorder	✓

☒ 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
Injection/Producing Zone(s)	Perforated Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug
DKTA	Open Hole Interval: <input checked="" type="checkbox"/> NA	Bridge Plug or Cement Plug Depth

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> YES <input type="checkbox"/> NO
Cmt retainer 3100'			

Test Data						
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure	
3/23/2013	SI	9/23/08	0			
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test		
423 psi	421 psi	419 psi	417 psi	6 psi		

Test Witnessed by State Representative?	OGCC Field Representative:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Chuck Browning

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: Jessica Donahue, Michael Durham

Signed: Michael Durham Title: Regulatory Technician Date: 3/23/2013

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: