



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

MECHANICAL INTEGRITY TEST

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

OGCC Operator Number: 46290	Contact Name and Telephone
Name of Operator: K P KAUFFMAN COMPANY INC	Carelia Rojas
Address: 1675 BROADWAY, STE 2800	No: (303) 825-4822
City: Denver State: CO Zip: 80202	Email: crojas@kpk.com
API Number: 123-09067 OGCC Facility ID Number:	
Well/Facility Name: UPRR 43 PAN AM B 8	Well/Facility Number:
Location QtrQtr: SENW Sección: 3 Township: 1N Range: 68W Meridian:	

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL

Last MIT Date: 01/19/2011

Test Type:

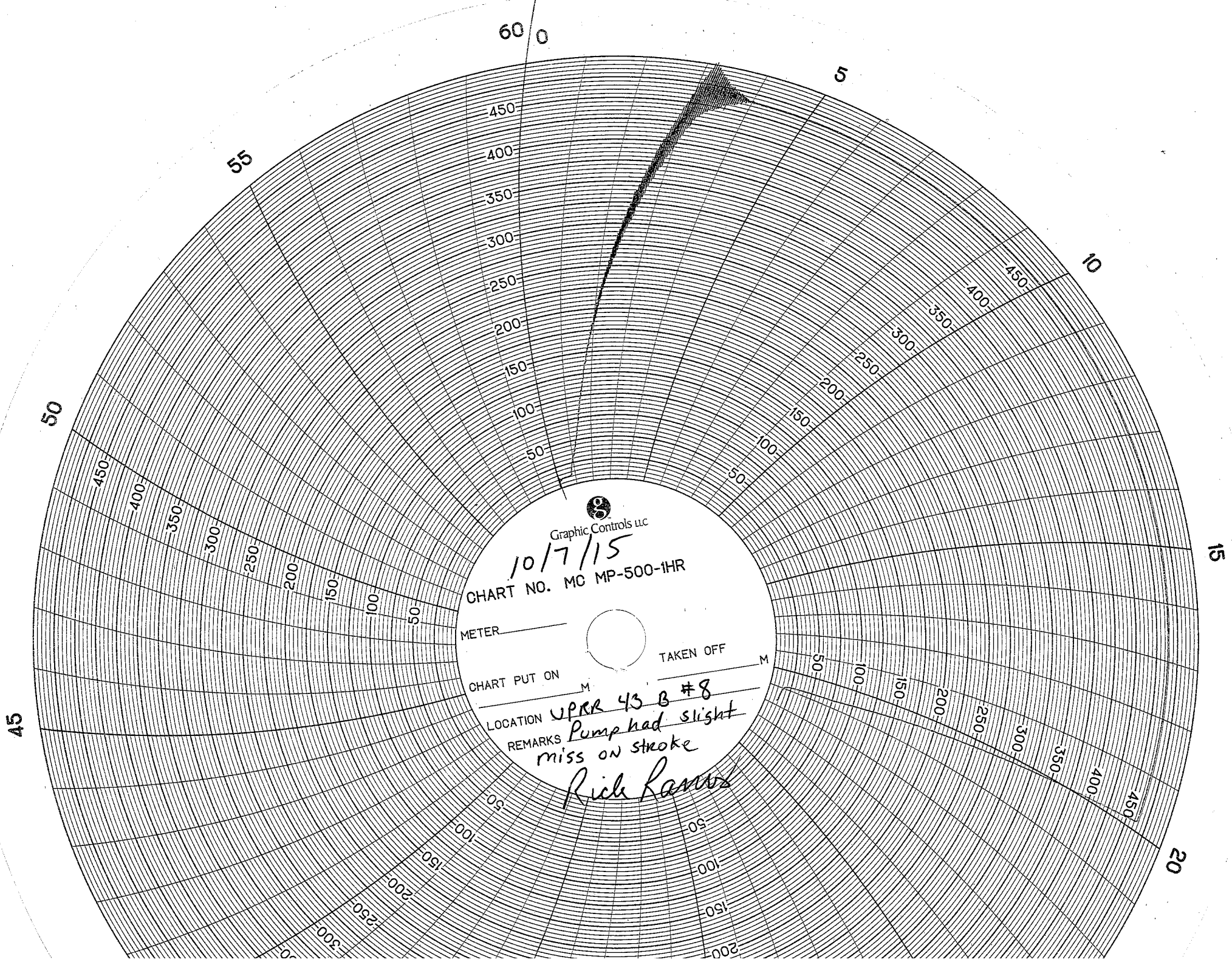
- ☒ Test to Maintain SI/TA status ☐ 5- year UIC ☐ Reset Packer  
☐ Verification of Repairs ☐ Annual UIC Test

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test			Casing Test	
Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
SX/SH	4664-4694 5128-5152		Bridge Plug or Cement Plug Depth 4580 + 2 SKS CMCT	
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
	N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
10/7/15		0		
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test
465	465	465	465	0
Test Witnessed by State Representative?		OGCC Field Representative (Print Name):		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Gary Helgel and		

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

Print Name: Rick Ramos  
Signed: Rick Ramos Title: work over supervisor Date: 10/7/15  
OGCC Approval: Title: Date:  
Conditions of Approval, if any:



Graphic Controls LLC

10/7/15  
CHART NO. MC MP-500-1HR

METER \_\_\_\_\_

TAKEN OFF \_\_\_\_\_

CHART PUT ON \_\_\_\_\_

LOCATION UPRR 43 B #8

REMARKS Pump had slight miss on stroke

Rich Ramms