



Document Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**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 minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures 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 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: 10380 Contact Name and Telephone \_\_\_\_\_

Name of Operator: BENCHMARK ENERGY LLC No: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_

API Number: 075-06137 OGCC Facility ID Number: 15

Well/Facility Name: LOGAN J-SAND UNIT Well/Facility Number: 15

Location QtrQtr: L3NW Section: 6 Township: 8N Range: 53W Meridian: 6

SHUT-IN PRODUCTION WELL  INJECTION WELL

- 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: TEST PERFORMED BY COGCC AS OPERATOR HAS DEFAULTED.

Loaded (88) bbls. water - continued taking water  
Stopped loading - disconnected pump - well continued  
blowing

**Wellbore Data at Time of Test**

Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:
<b>JSND</b>	<b>5050-5057</b>	
Casing Test Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.		
Bridge Plug or Cement Plug Depth <b>4940</b>		

**Tubing Casing/Annulus Test**

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Test Data			
Test Date <u>9-30-16</u>	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test
			Pressure Loss or Gain During Test <u>FAIL</u>

Test Witnessed by State Representative?  Yes  No

OGCC Field Representative (Print Name): Kym Schure

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: [Signature] Title: OGCC Date: 9-30-16

OGCC Approval: [Signature] Title: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval, if any: \_\_\_\_\_

Complete the Attachment Checklist

Pressure Chart	Oper	OGCC
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

Last MIT Date: 09/16/2014