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State of Colorado
Oil and Gas Conservation Commission



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.
3. For production wells, test pressures must be at 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 tubing/casing annulus pressure.
7. Do not use this form if submitting under provisions of Rule 226.a.(1) 8. 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.

FOR OGCC USE ONLY

Document Number:

Date Received:

Complete the Attachment Checklist

OGCC Operator Number: 17180 Contact Name and Telephone: Geoffrey Wolf
Name of Operator: Citation Oil and Gas Corp No: (719) 340-4637
Address: 14077 Cullen Road Email: gwolf@cogc.com
City: Houston State: TX Zip: 77069
API Number: 05-075-09115 OGCC Facility ID Number: 159177
Well/Facility Name: Arco Sndt Well/Facility Number: 6-15
Location Qtr: SWSW Section: 6 Township: 9N Range: 52W Meridian: 6PM

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

☐ SHUT-IN PRODUCTION WELL

☒ INJECTION WELL

Last MIT Date: 05/28/2012

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

Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	Bridge Plug or Cement Plug Depth
<u>DJSAND</u>	<u>4635-62.4744-60.4768-4806</u>	<u>N/A</u>	<u>N/A</u>

Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
<u>2.875</u>	<u>4560</u>	<u>4560</u>	<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
<u>5-17-2017</u>	<u>Injecting</u>	<u>375</u>	<u>1380</u>	<u>1380</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test
<u>1400</u>	<u>1400</u>	<u>1400</u>	<u>1400</u>	<u>0</u>

Test Witnessed by State Representative?	OGCC Field Representative (Print Name):
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Kyle Schaefer</u>

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

Print Name: Geoffrey Wolf

Signed: Geoffrey Wolf Title: Production Foreman

Date: 5-17-2017

OGCC Approval: [Signature] Title: OGCC

Date: 5-17-17

Conditions of Approval, if any:

Form 42 # 401278276
Insp Doc # 680301958