

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	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

OGCC Operator Number: 18600		Contact Name and Telephone	
Name of Operator: Colorado Interstate Gas Company		Kevin Lively	
Address: PO BOX 1087		No: 719-520-4287	
City: Colorado Springs State: CO Zip: 80944		Fax:	
API Number: 05-009-40000	Field Name: FLANK	Field Number: 24051	
Well Name: FLANK SWD	Number: #1		
Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE 5 34S 42W 6PM			

☐ SHUT-IN PRODUCTION WELL ☒ INJECTION WELL Facility No.: 150050

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: hole in the tubing

Casing Test <input checked="" type="checkbox"/> NA
Use when perforations or open hole is isolated by bridge plug or cement plug
Bridge Plug or Cement Plug Depth

NA - Not Applicable	Wellbore Data at Time Test
Injection/Producing Zone(s)	Perforated Interval: <input type="checkbox"/> NA Open Hole Interval: <input checked="" type="checkbox"/> NA
KEYES	4948-4977

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
2.375	4909	4909	<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
6-8-2017	SI	9/18/2015	0	-1.5	-1.5
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
415	410	410	410	-5	

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

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: Howdy Huffman

Signed: [Signature]

Title: 170 Supervisor

Date: 6-8-2017

OGCC Approval:

Title: 170 Supervisor

Date: 6-8-2017

Conditions of Approval, if any:

17SP Doc# 680001218
42 Doc# 401287042