

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 Operator Number: <u>52530</u>		Contact Name and Telephone <u>Ryan Warner</u>	
Name of Operator: <u>Maggie Operating, Inc.</u>		No: <u>970 669-6308</u>	
Address: <u>2707 South County Road 11</u>		Fax: <u>970 669-6396</u>	
City: <u>Loveland</u>	State: <u>CO</u>	Zip: <u>80537</u>	
API Number: <u>05-121-06206</u>		Field Name: <u>Little Beaver</u>	
Well Name: <u>Little Beaver</u>		Field Number: _____	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENW 5 2S 56W</u>		Number: <u>43</u>	

	Opw	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

☒ **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:

MIT after repair of Pumping unit gear box

NA - Not Applicable		Wellbore Data at Time Test	
Injection/Producing Zone(s): <u>D Sand</u>	Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input type="checkbox"/> NA	
	<u>5160-57</u>	<u>5167-5240</u>	

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

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size: <u>2 7/8</u>	Tubing Depth: <u>SES 4585 4590</u>	Top Packer Depth: <u>SES 4585 4590</u>	Multiple Packers? <input type="checkbox"/> YES <input type="checkbox"/> NO

Test Data					
Test Date <u>8/4/2017</u>	Well Status During Test <u>SI</u>	Date of Last Approved MIT <u>2/11/2013</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure <u>0</u>	Final Tubing Pressure <u>0</u>
Starting Casing Test Pressure <u>361</u>	Casing Pressure - 5 Min. <u>360</u>	Casing Pressure - 10 Min. <u>358</u>	Final Casing Test Pressure <u>357</u>	Pressure Loss or Gain During Test <u>-4</u>	

Test Witnessed by State Representative? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OGCC Field Representative: <u>Susan Sherman</u>
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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 Run Date: _____	<input type="checkbox"/> CBL or Equivalent Run Date: _____	<input type="checkbox"/> Temperature Survey Run Date: _____
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: James M. Warner

Signed: [Signature] Title: _____ Date: _____

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: Packer not 100' from Perfs