

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

Document Number:

Date Received:

MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- 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.
- For production wells, test pressures must be a at minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

Complete the Attachment Checklist

OGCC Operator Number: <u>10312</u>	Contact Name and Telephone
Name of Operator: <u>Prospect Energy LLC</u>	<u>Cameron Gracey</u>
Address: <u>1229 E. Douglas Rd</u>	No: <u>970-567-6871</u>
City: <u>St. Collins</u> State: <u>CO</u> Zip: <u>80524</u>	Email: _____
API Number: <u>05-069-04303</u> OGCC Facility ID Number: _____	
Well/Facility Name: <u>MSSU</u> Well/Facility Number: <u>19-7</u>	
Location Qtr: <u>SESE</u> Section: <u>19</u> Township: <u>8N</u> Range: <u>68W</u> Meridian: _____	

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

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 8/8/12

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	
	Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
Injection/Producing Zone(s): <u>Muddy</u>	Perforated Interval: <u>4704 - 4750</u>	Open Hole Interval: _____
		Bridge Plug or Cement Plug Depth

Tubing Casing/Annulus Test			
Tubing Size: <u>2 7/8</u>	Tubing Depth: <u>4669</u>	Top Packer Depth: <u>4675</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data				
Test Date: <u>8/4/17</u>	Well Status During Test: <u>AC</u>	Casing Pressure Before Test: <u>0</u>	Initial Tubing Pressure: <u>540</u>	Final Tubing Pressure: <u>560</u>
Casing Pressure Start Test: <u>800</u>	Casing Pressure - 5 Min.: <u>790</u>	Casing Pressure - 10 Min.: <u>780</u>	Casing Pressure Final Test: <u>780</u>	Pressure Loss or Gain During Test: <u>20</u>

Test Witnessed by State Representative? Yes No
 OGCC Field Representative (Print Name): Tom Peterson

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

Print Name: Cameron Gracey
 Signed: [Signature] Title: Field Supervisor Date: 8/4/17
 OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: