

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 326.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

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

OGCC Operator Number: <u>94090</u>		Contact Name and Telephone	
Name of Operator: <u>WALSH PRODUCTION</u>		<u>Bill WALSH</u>	
Address: <u>P.O. Box 30</u>		No: <u>970-522-1839</u>	
City: <u>Sterling</u> State: <u>CO</u> Zip: <u>80751</u>		Fax: <u>970-522-2535</u>	
API Number: <u>123-14017</u>		Field Name: <u>Lilli</u>	Field Number: <u>49970</u>
Well Name: <u>Lilli Unit</u>		Number: <u>6-3</u>	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SE NW 3 8N 58W 6PM</u>			

☐ SHUT-IN PRODUCTION WELL ☒ INJECTION WELL Facility No.: 150392

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: \_\_\_\_\_

NA - Not Applicable	Wellbore Data at Time Test		Casing Test <input type="checkbox"/> NA
Injection/Producing Zone(s)	Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug
<u>DSND</u>	<u>6322-6329</u>		Bridge Plug or Cement Plug Depth

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<u>2.375</u>	<u>6229</u>	<u>6229</u>	

Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>7/11/2007</u>	<u>SI</u>	<u>11-15-2002</u>	<u>0</u>	<u>80</u>	<u>80</u>
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
<u>530</u>	<u>525</u>	<u>520</u>	<u>515</u>	<u>-15</u>	

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

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: Lyle BURTON

Signed: Lyle Burton Title: CO Rep Date: 7-11-07

OGCC Approval: Kevin Lively Title: N.E. INSPECTOR Date: 7/11/2007

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