

FORM
21
Rev
08/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
401631879
Date Received:

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 an OGCC representative. Injection well tests must be witnessed by an 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 326.a(1)B. or C.
8. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
9. 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

OP OGCC

| | | | | | |
|--|---------------------------------|-------------------|--|--------------------|--------------------|
| OGCC Operator Number: <u>61650</u> | Contact Name <u>Tom Melland</u> | | | | |
| Name of Operator: <u>MURFIN DRILLING COMPANY INC</u> | Phone: <u>(316) 2673241</u> | | | | |
| Address: <u>250 N WATER ST STE 300</u> | | | | | |
| City: <u>WICHITA</u> | State: <u>KS</u> | Zip: <u>67202</u> | Email: <u>tmelland@murfininc.com</u> | | |
| API Number : 05- <u>009-06500</u> | | | OGCC Facility ID Number: <u>206084</u> | | |
| Well/Facility Name: <u>S.E. CAMPO UNIT</u> | | | Well/Facility Number: <u>605</u> | | |
| Location QtrQtr: <u>NENW</u> | | Section: <u>1</u> | Township: <u>35S</u> | Range: <u>46W</u> | Meridian: <u>6</u> |
| | | | | Pressure Chart | |
| | | | | Cement Bond Log | |
| | | | | Tracer Survey | |
| | | | | Temperature Survey | |
| | | | | Inspection Number | |

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 5/2/2012 12:00:00 AM

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: Will search for casing leak and repair or plug. Murfin plans on perforating and testing the Neva formation.

| 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. Bridge Plug or Cement Plug Depth <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">3977</div> |
|-------------------------------|---------------------|--------------------|--------------------------|--|
| Injection Producing Zone(s) | Perforated Interval | Open Hole Interval | | |
| LSNGC | 4018 - 4032 | | | |
| Tubing Casing/Annulus Test | | | | |
| Tubing Size: | Tubing Depth: | Top Packer Depth: | Multiple Packers? | |
| | | | <input type="checkbox"/> | |

Test Data (Use -1 for a vacuum)

| Test Date | Well Status During Test | Casing Pressure Before Test | Initial Tubing Pressure | Final Tubing Pressure |
|----------------------------|--------------------------|-----------------------------|----------------------------|-----------------------|
| 05-16-2017 | TEMPORARILY ABANDONED | 0 | | |
| Casing Pressure Start Test | Casing Pressure - 5 Min. | Casing Pressure - 10 Min. | Casing Pressure Final Test | Pressure Loss or Gain |
| 350 | 210 | 200 | 210 | -140 |

Test Witnessed by State Representative? OGCC Field Representative Welsh, Brian

OPERATOR COMMENTS:

Will search for casing leak and repair or plug. Murfin plans on perforating and testing the Neva formation.

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

Signed: _____ Print Name: Tom Melland
Title: Production Engineer Email: tmelland@murfininc.com Date: _____

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------|
| 401631906 | FORM 21 ORIGINAL |
| 401631917 | OTHER |
| 401631990 | OTHER |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)