

API: 05-057-06142

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State of Colorado
Oil and Gas Conservation Commission

12200 Lincoln Street, Suite 401, Denver, Colorado 80230 303.733.4332 Fax 303.733.4330

FOR OGC USE ONLY

MECHANICAL INTEGRITY TEST

1. The purpose of this form is to document the results of a mechanical integrity test.
2. The test shall be performed on all equipment in accordance with the requirements of the Colorado Oil and Gas Conservation Commission (COGCC).
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9. The test shall be performed on all equipment in accordance with the requirements of the Colorado Oil and Gas Conservation Commission (COGCC).
10. The test shall be performed on all equipment in accordance with the requirements of the Colorado Oil and Gas Conservation Commission (COGCC).

Document Number

Date Received

Complete the Attachment Checklist

OCC Operator Number: A0030		Station Name and Telephone	
Name of Owner: K. P. KUFFMAN COMPANY INC		Susana Lara-Mirza	
Business: BBS PRODUCTION, SITE 2580		Tel: (303) 825-4332	
City: DENVER		State: CO	E-mail: susan@kpm.com
API Number: 05-007-00142		COCC Facility ID Number: 12200	
Facility Name: MICHAEL UNIT #1		Well ID Number: 12200	
License Number (COGCC) 12200		Equipment ID Number: 760W	Material ID: 8 PM
Test Type: <input checked="" type="checkbox"/> SPLIT-IN PRODUCTION <input type="checkbox"/> INSPECTION WELL		Last MIT Date: 7/18/18	
<input type="checkbox"/> Test to Maximum SW/LV status or Verification of Regular		<input type="checkbox"/> 5-year UIC Annual LK Test	
<input type="checkbox"/> Inspect Packer			

Describe Repairs or Other Mitigation:

Wellbore Data at Time of Test		Casing Test	
Wellbore/Production Status	Perforated Interval	Wellbore or Casing Test is required to be performed on all equipment in accordance with the requirements of the Colorado Oil and Gas Conservation Commission (COGCC).	
PRRBE	1290-1304	1414	
Tubing Casing/Annulus Test		Multiple Factors?	
Leakage Test	Leakage Test	Test Pack	Test Pack
1290-1304	1290-1304	Test Pack	Test Pack
Test Date		Test Date	
7/17/18	7/17/18	Test Date	Test Date
Leakage Test	Leakage Test	Leakage Test	Leakage Test
760 PSI	760 PSI	760 PSI	760 PSI
Test Wellbore by State Representative?		COGCC Field Representative (Print Name): Emily Wolfhorst	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

I hereby certify that the information provided on this form is, to the best of my knowledge, true, correct, and complete.

Print Name: Bill Wright	License Number: 0790 230-0219	Date: 7/17/18
Signature: [Signature]	Signature: [Signature]	Signature: [Signature]
COGCC Approval: [Signature]	COGCC Approval: [Signature]	COGCC Approval: [Signature]
COGCC Approval: [Signature]	COGCC Approval: [Signature]	COGCC Approval: [Signature]
COGCC Approval: [Signature]	COGCC Approval: [Signature]	COGCC Approval: [Signature]

COGCC Approval: [Signature]

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COGCC Approval: [Signature]

COGCC Approval: [Signature]

Photo 1. Photo of MIT Form 21 as filled out and signed in the field.