

Inspection Photos  
Location Name: McCallum Unit 123  
API: 05-057-06362

State of Colorado  
Oil and Gas Conservation Commission

MECHANICAL INTEGRITY TEST

1. The original pressure test must be a minimum of 15 minutes.  
2. The original pressure test must be accompanied by a report of the test and not necessarily a OGCC representative.  
3. The production well must be tested for its OGCC representative.  
4. The production well must be tested for its OGCC representative.  
5. The production well must be tested for its OGCC representative.  
6. The production well must be tested for its OGCC representative.  
7. The test use this form if the pressure test is a minimum of 15 minutes and the test is a minimum of 15 minutes.  
8. OGCC representative must be provided to the test site in the field as per 41.  
9. Packets in the field must be provided to the test site in the field as per 41.

OGCC Operator Number: 40290

Name of Operator: K.P. KAUFFMAN COMPANY INC. Contact Name and Telephone: Susana Lara-Mesa  
Address: 1675 BROADWAY STE 2800 Phone: (303) 825-4822  
City: DENVER State: CO Zip: 80202 Email: susana.lara-mesa@kpk.com  
API Number: 05-057-06362-00 OGCC Facility ID Number: 212468  
Well/Facility Name: MCCALLUM UNIT 123

Location (County): NEENE Section: 12 Township: 34N Range: 72W Meridian: 6 PM

Test Type: ☐ SHUT-IN PRODUCTION WELL ☒ INJECTION WELL Last MIT Date: 07/18/11

☐ Test to Minimum WTA Status ☒ 5-Year UIC ☐ Risk Factor  
☐ Verification of Results ☐ Annual UIC Test

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test

Injection/Producing (2011): PRREB 1277-1295

Casing Test: 1346

Tubing Casing/Annulus Test

Tubing Size: 2 3/8 Tubing Depth: 1346 Top Casing Depth: Multiple Packers? ☐ Yes ☐ No

Test Data

Test Date: 7/18/11 Well Status/Chasing Test: SI Casing Pressure: 0 ps. Initial Casing Pressure: 140 ps. Final Casing Pressure: 160 ps.  
Casing Pressure Start Test: 4140 ps. Casing Pressure: 4180 ps. Casing Pressure: 4180 ps. Casing Pressure: 4180 ps. Casing Pressure: 4180 ps.

OGCC Field Representative (Print Name): E.M. WAGNER

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

Print Name: Bill Wright Lease Operator (970) 238-0219 Date: 7/18/11  
Signed: [Signature] Title: Field Engineer

OGCC Approval: [Signature] Date: 7/18/11

Condition of Approval: [Signature]

Inspection document # 659801390

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

