

Inspection Photos

Location Name: Johnston Et Al - 61N65W / 20NESE

Location #: 322884



Photo #1

Johnston Et Al 20-1 (API 05-123-12214) wellsite
MIT



Photo #2

Johnston Et Al 20-1 (API 05-123-12214)
Battery sign

Inspection Photos

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Photo #3

Johnston Et Al 20-1 (API 05-123-12214)

Csg. Press: 0#

Prior to MIT



Photo #4

Johnston Et Al 20-1 (API 05-123-12214)

Csg. Press: 1025#

Starting press for MIT

Inspection Photos

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Photo #5

Johnston Et Al 20-1 (API 05-123-12214)

Csg. Press: 1025#

MIT 5-min interval



Photo #6

Johnston Et Al 20-1 (API 05-123-12214)

Csg. Press: 1025#

MIT 10-min interval



COLORADO
Oil & Gas Conservation
Commission
Department of Natural Resources

Inspection Photos

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Colorado Oil & Gas Conservation Commission
40.03374, -104.6825, 1497.0m, 333°
2018/08/15 12:20:20 PM

Photo #7

Johnston Et Al 20-1 (API 05-123-12214)

Csg. Press: 1025#

MIT 15-min interval. Conclude MIT

Form 21
New 1/18

State of Colorado
Oil and Gas Conservation Commission
1320 Sullivan Street, Suite 810, Denver, Colorado 80202 (303) 694-2100 Fax: (303) 694-2109

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 15 minutes.
2. An integral pressure test must accompany this report if the test was not witnessed by a COGCC representative.
3. If the test was witnessed by a COGCC representative, the test results must be witnessed by an OGC representative.
4. For production wells, test pressure must be at least 100 psi or average operating 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 528-10.8 or C.
7. A COGCC notification must be provided 10 days prior to the test on form 42.
8. Failure to comply with this form will result in the test of the well being considered a valid test.

OGCC Operator Number: 48290
Name of Operator: K P KAUFFMAN COMPANY, INC.
Address: 1675 BROADWAY SUITE 2800
City: Denver State: CO Zip: 80202
E-mail: kkauffman@kpc.com

Contact Name and Telephone: Susana Lara Mesa
No: (303) 825-4822

OGCC Facility ID Number: 05-123-12214-20
Well/Packery Name: JOHNSTON ET AL
Well/Activity Number: 20-1
Location Ch/Co: NE65W Section: 20 Township: 1N Range: 65W Meridian: 6

Pressure Chart: ☐ OGCC ☐ OGC
Pressure Chart: ☐ OGCC ☐ OGC
Pressure Chart: ☐ OGCC ☐ OGC
Pressure Chart: ☐ OGCC ☐ OGC

Test Type: ☐ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL
☐ Test to Maintain S/TA status ☐ 5-year UIC ☐ Reset Packer
☐ Verification of Repairs ☐ Annual UIC Test

Describe Repairs or Other Well Activities:

Casing Test: ☐ Use when perforations or open hole is isolated by bridge plug or cement plug; use if caused hole only with plug back total depth.
Wellbore Data at Time of Test: Performed Interval: 7814-7869 Open Hole Interval: 7730 2 SKS CMT
Tubing Casing/Annulus Test: Tubing Size: 2 3/8 Tubing Depth: 7250 Top Packer Depth: Multiple Packers: ☐ Yes ☒ No

Test Data: Well Status During Test: ☒ OK ☐ OK ☐ OK ☐ OK
Casing Pressure Before Test: 0# Casing Pressure After Test: N/A Initial Casing Pressure: N/A Final Casing Pressure: N/A
Casing Pressure - 15 Min: 1025 Casing Pressure - 30 Min: 1025 Casing Pressure - 45 Min: 1025 Casing Pressure - 60 Min: 1025
Test Witnessed by State Representative? ☒ Yes ☐ No *Brit Evans* OGCC Field Representative (Print Name): *Brit Evans*

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

Print Name: *Brit Evans* Title: *WORKOVER SUPERVISOR* Date: *8-15-18*
Signed: *Brit Evans* Title: *WORKOVER SUPERVISOR* Date: *8-15-18*
OGCC Approval: Title: Date:
Conditions of Approval, if any:

Photo #8

Johnston Et Al 20-1 (API 05-123-12214)

Completed Form 21 (MIT)

Document #691200338