

Inspection Photos
Location Name: Walker 3-43
API: 05-081-07156

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State of Colorado
Oil and Gas Conservation Commission
 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2389

FOR OGCC USE ONLY
 Document Number: _____
 Date Received: _____

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 12 minutes.
 2. An initial pressure chart must accompany this report if the test was not witnessed by a OGCC representative.
 3. For production wells, test pressure must be witnessed by an OGCC representative.
 4. New injection wells, test pressure must be a minimum of 300 psig.
 5. For injection wells, test pressure must be witnessed by OGCC representative.
 6. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/annulus pressure.
 7. Do not use this form if backflowing under provisions of Rule 128-4-124 or C.
 8. OGCC notification must be provided 10 days prior to the test via Form 42.
 9. Packers or bridge plugs, etc., must be set within 100' of the perforated interval to be conducted a split test.

OGCC Operator Number: 10356
Name of Operator: SVN Production Company, LLC
Address: 10000 Energy Drive
City: Spring
State: TX
Zip: 77389
API Number: 05-081-07098
OGCC Facility ID Number: 28422
Well/Facility Name: WALKER
Well/Facility Number: 3-4
Wellhead: 6
Wellhead: 6
Wellhead: 6

Test Type:
 SHUT-IN PRODUCTION WELL **INJECTION WELL**
 Test to Maintain SITA status 5-year UIC
 Verification of Repairs Annual UIC Test Reset Packer

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test
 (Injection/Producing Zone(s)) Perforated Interval Open Hole Interval Casing Test
 (Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased hole only with log based interval depth)
 Tubing Casing/Annulus Test Bridge Plug or Cement Plug Depth

Tubing Casing/Annulus Test
 Tubing Size: _____ Tubing Depth: _____ Top Packer Depth: _____ Multiple Packers? Yes No

Test Data
 Well Station During Test: TA Casing Pressure: 10 psig Tubing Pressure: 340 psig Pressure Loss or Leak During Test: NA
 Casing Pressure Start Test: 300 psig Casing Pressure End Test: 340 psig Tubing Pressure Start Test: 340 psig Tubing Pressure End Test: 0 psig
 Test Witnessed by State Representative? Yes No
 OGCC Field Representative (Print Name): Em. N. Waldman

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

Print Name: Russ Sapp
 Signed: [Signature] Title: _____ Date: 5-15-19
 OGCC Approval: [Signature] Title: Field Inspector Date: 5-15-19
 Conditions Approval, If Any: _____ Date: _____
 Inspection document # 084802651

2019 MAY 17

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