

Inspection Photos
Location Name: Walker 12-1
API: 05-081-07044

| | | | |
|---|--|--|--|
| FORM 21 Rev. 9/14 | Click here to reset the form State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 864-2100 Fax: (303) 864-2109 | | FOR OGCC USE ONLY Document Number: _____ Date Received: _____ |
| MECHANICAL INTEGRITY TEST | | | |
| A. Duration of the pressure test must be as determined by the test plan. B. An original pressure chart must accompany this report. If this test was not witnessed by a OGCC representative, inspection wells have must be witnessed by a OGCC representative. C. For production wells, test pressure must be at least 1.5 times the maximum anticipated working pressure. D. For injection wells, test pressure must be at least 1.5 times the maximum anticipated working pressure. E. For separator wells, test pressure must be at least 1.5 times the maximum anticipated working pressure. F. A minimum 100 psi differential pressure must be maintained between the tubing and casing/annulus under pressure. G. The test was the result of calculating under pressure of the test well. It is not a test of the well. H. OGCC notification must be provided 30 days prior to the test or later. | | | |
| I. OGCC or testing agency will need to see within 30 days of the completion of the test a copy of the test plan. | | | |
| OGCC Operator Number: 10396 Name of Operator: 300N Production Company, LLC Address: 10000 Energy Drive City: Spring State: TX Zip: 77389 A/R Number: 05-081-07344 Well/Wellbore Name: VALKER Location Order: SENE Section: 12 Township: 2N Range: 6SW | | Contact Name and Telephone: Sydney Hansen Phone: (832) 796-7874 Email: sydney_hansen@sen.com Well/Wellbore Number: 12-1 Casing: 60" Diameter: 6" | |
| <input checked="" type="checkbox"/> SHUT-IN PRODUCTION WELL Test Type: <input type="checkbox"/> Test to Maintain S/T/A status <input type="checkbox"/> Verification of Repairs Describe Repairs or Other Well Activities: _____ | | <input type="checkbox"/> INJECTION WELL Test Type: <input type="checkbox"/> 5-year UIC <input type="checkbox"/> Annual UIC Test <input type="checkbox"/> Relief Packer | |
| Last MIT Date: 10/01/2014 | | | |
| Casing Test | | | |
| Wellbore Data at Time of Test (Required/Optional by State) | | Look where perforations or open hole is isolated by bridge plug or cement plug. Use if casing-hole only with no bridge plug. | |
| Perforated Interval: _____ | Cemented Interval: _____ | Open Hole Interval: _____ | Bridge Plug or Cement Plug Depth: 3325' |
| Tubing Casing/Annulus Test | | | |
| Tubing Size: _____ | Tubing Depth: _____ | Top Packer Depth: _____ | Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Test Date: 5/16/14 Casing Pressure (psi): 360 psi Test Interval: 360 psi Test Interval: 360 psi Test Interval: 360 psi | Test Date: 5/16/14 Casing Pressure (psi): 360 psi Test Interval: 360 psi Test Interval: 360 psi Test Interval: 360 psi | Test Date: 5/16/14 Casing Pressure (psi): 360 psi Test Interval: 360 psi Test Interval: 360 psi Test Interval: 360 psi | Test Date: 5/16/14 Casing Pressure (psi): 360 psi Test Interval: 360 psi Test Interval: 360 psi Test Interval: 360 psi |
| Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OGCC Field Representative (Print Name): Emily Wulfsberg | | | |
| I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete. | | | |
| Print Name: <u>Shane Karcak</u> Signed: <u>Shane Karcak</u> OGCC Approval: <u>[Signature]</u> Conditions of Approval, if any: _____ Inspection Document # 080802663 | Title: <u>Field Inspector</u> Date: <u>5-16-14</u> Date: <u>5/16/14</u> | | |

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