



STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
Department of Natural Resources



MECHANICAL INTEGRITY REPORT

Facility Number 175	API Number 05-075-06449	Well Name and Number Mt Hope W#7
Field Mt Hope	Location (1/4 Sec., Twp., Rng.) N.W. S.W. Sec 19 T9N R53W	
Operator Ray Monahan		
Operator Address Box 1231	City Stirling	State Colo
Operator's Representative at Test John Schell Jr		Zip Code 80751
Area Code () 522-0774		Phone Number () 522-0774

- If both Part I and Part II are not completed, the mechanical integrity test cannot be approved and will be returned to the operator.
- Notice must be given to the Commission prior to performing any required pressure test.
- A pressure chart must accompany this report, if the pressure test was not witnessed by a state representative.
- Facility numbers and API numbers are available at the Commission upon request.

PART I (choose one of the following options)

- ☒ **1. Pressure test** - (Pressure tests should be a minimum of 15 minutes, at 300 psi or minimum injection pressure whichever is greater. A minimum 300 psi differential pressure must be maintained between tubing and tubing/casing annulus pressures.)

A. Well Data at Time of Test

Tubing Size 2 3/8	Tubing Depth 4750	Top Packer Depth 4750	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth —	Injection Zone(s), name Dsd	Injection Interval (gross) 4865 to 4889	
Injected Thru <input checked="" type="checkbox"/> Perforations <input type="checkbox"/> Open Hole	Test Witnessed by State Rep. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

B. Test Data

Test Date 3-26-90	Date of Last Approved Mechanical Integrity Test 6-21-85		
Starting Test Pressure 320 PSI	Final Test Pressure 315 PSI	Pressure Loss or Gain During Test -5 PSI	
Tubing Pressure During Test 0 PSI		Well Status During Pressure Test <input type="checkbox"/> Injecting <input checked="" type="checkbox"/> Shut-in <input type="checkbox"/> Open	

- ☐ **2. Monitoring Tubing - Casing Annulus Pressure** Procedure must be approved prior to initiation and only after satisfactorily passing an initial pressure test.

Date of Pressure Test	Test Pressure	Date Pressure Test Approved	Monitoring to Start (Month, Year)
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- ☐ **3. Alternate Test Approved by Director** (see Rule 327) Attach procedures and logs with report. Procedures subject to review by EPA.

PART II (Choose one of the following) Attach records, charts, logs where appropriate.

- ☒ **1. Cementing Records** - (valid only for injection wells in existence prior to July 1, 1986)

	Casing Size	Hole Size	Depth Set	No. Sks Cement	Calculated Cement Tops
Surface Casing	8-5/8	12 1/4	198	150	Sur.
Production Casing	4 1/2	7 7/8	5037	200	3970
Stage Tool					

- ☐ **2. Tracer Survey** Test Date _____
- ☐ **3. CBL or equivalent** Test Date _____
- ☐ **4. Temperature Survey** Test Date _____
- ☐ **5. Alternate Test Approved by Director** (see Rule 327) Attach procedures and logs with report. Procedures subject to review by EPA.

I hereby certify that the statements herein made are true and correct.

Signed John Schell Jr Title Company Rep. Date 3-26-90

For State Use:

SR. PETROLEUM ENGINEER
O & G Cons. Comm

Approved by Ed DiMatteo Title _____ Date APR 03 1990

Conditions of approval, if any:



COLORADO OIL AND GAS CONSERVATION COMMISSION - UIC FIELD REPORT

FAC# 175 API# 075 06449 0 INSPECTOR L. Robbins DATE 3/26/90

WELL NAME MT HOPE W-7 TYPE E SITE INSPECTION _____

FIELD 56150 MOUNT HOPE STATUS SI WITNESS MIT X

OPER 59100 MONAHAN* REX

LOCATION NSW 19 9.0N 53.0W 6

MAX PERMITTED PRESS 1305 PSI DATE LAST INSPECTION 04/18/89 OUTCOME A

LAST REPORTED PRESS PSI 12/89 DATE LAST MIT 06/21/85

WELL RESTRICTIONS

REMEDIAL ACTION

COMPLETION TYPE TP

TUBING PRESSURE

ZONE DSND

MIT _____ INJECTING _____ PSI

MIT X NOT INJECTING 0 PSITUBING-CASING ANNULUS 0 PSI

BRAIDENHEAD _____ PSI

TOP 4865
BOT 4889

P E R F S

MECHANICAL INTEGRITY TEST

0 MIN. 320 PSI5 MIN. 315 PSI10 MIN. 315 PSI15 MIN. 315 PSIMIT
PACKER
DEPTH _____PRESS CHANGE -5 PSICHART USED - YES _____ NO X

ACCEPTABLE _____ NOT ACCEPTABLE _____

REMARKS: Backside was dead prior to test. Pressured backside to 320 psi for test. Lost 5 psi after 15 minutes. Held OK, passed test. J. Tubbs

CASING
SIZE 8 5/8
DEPTH 194SIZE 4 1/2
DEPTH 5037SIZE /
DEPTHSIZE /
DEPTH

PACKER 4750

LINER
TOP
SIZE /
DEPTHPBTVD 5037
TVD