

Inspection Photos Location #335265



Well MIT



Inspection Photos Location #335265

1. Pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
 2. For production wells, test pressures must be witnessed by an OGCC representative.
 3. New injection wells must be tested to a minimum of 300 psi.
 4. For injection wells, test pressures must be at least 300 psi or average injection 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 326 (1) B, or C.
 7. OGCC notification must be provided 10 days prior to the test via Form 42.
 8. Packers or bridge plugs, etc. must be set within 100 feet of the perforated interval to be considered a valid test.

Date Received: _____

Complete the Attachment Checklist

Name of Operator: Vanguard Operating	Contact Name and Telephone: Aaron Axelson	Oper OGCC
Address: 117 Red Feather Trail	No: 970-270-0926	Pressure Chart
City: Silt	State: CO Zip: 81452	Cement Bond Log
API Number: 05-045-14336	Email: aaxelso@aogcc.com	Temperature Survey
Well/Facility Name: 66W VanOrsdstrand	OGCC Facility ID Number: 275515	Inspection Number: 694900421
Location: Qtr: N55E Section: 30 Township: 6S Range: 91W Meridian: 6	Well/Facility Number: 32C-30-691	

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: **12-8-14**

Test Type:
 Test to Maintain SI/TA status 5-year UIC Reset Packer
 Verification of Repairs Annual UIC Test

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test		Casing Test	
Injection/Producing Zone(s):	Perforated Interval:	Open Hole Interval:	Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.
	5870-7836		Bridge Plug or Cement Plug Depth:
Tubing Casing/Annulus Test			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
2.375	5830	5818	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Test Data			
Test Date:	Well Status During Test:	Casing Pressure Before Test:	Initial Tubing Pressure:
9-18-19	SI	0	0
Casing Pressure Start Test:	Casing Pressure - 5 Min.:	Casing Pressure - 10 Min.:	Casing Pressure Final Test:
518	518	515	515
Test Witnessed by State Representative?			Pressure Loss or Gain During Test:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			-3
OGCC Field Representative (Print Name): Scott Ramsey			

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

Print Name: **Aaron Axelson**
 Signed: _____ Title: **Sr. Production Foreman** Date: **9-18-19**

Form 21

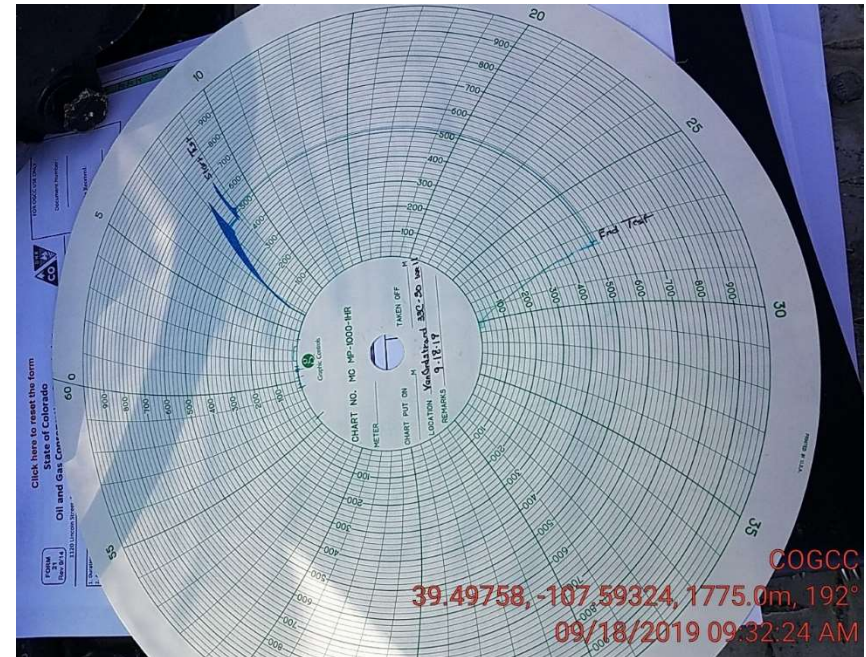


Chart of MIT test