

Inspection Photos
Location Name: Bader-Collins #1
API # 069-06142



Wellhead sign



HZ safety prep sign

Inspection Photos
Location Name: Bader-Collins #1
API # 069-06142



Initial casing pressure



5 minute casing pressure

Inspection Photos
Location Name: Bader-Collins #1
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10 minute casing pressure



15 minute casing pressure

Inspection Photos

Location Name: Bader-Collins #1

API # 069-06142

Click here to reset the form

FORM 28-1
Rev 1/14

STATE OF COLORADO
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 800, Denver, Colorado 80202 | (303) 839-3300 | Fax: (303) 839-3349

FOR OGC USE ONLY

Document Number: _____
Date Rec'd: _____

MECHANICAL INTEGRITY TEST

1. The purpose of this procedure is to ensure the integrity of a well.
2. All well operators must read and understand this Report Form. If you are not satisfied by a OGC representative, you may appeal this Report Form to the OGC representative.
3. This procedure shall not be used to evaluate well casing or cement.
4. This procedure shall not be used to evaluate well casing or cement.
5. The procedure shall not be used to evaluate well casing or cement.
6. It is the responsibility of the well operator to ensure that the well is tested in accordance with this procedure.
7. The well operator shall provide the necessary information to the OGC representative to ensure a safe test.
8. OGC representative shall provide the necessary information to the well operator to ensure a safe test.

OGCC Operator Number: 02330 Control Name and Location: _____
 Name of Operator: IMV Energy Services, Inc Well ID: 069-06142
 Address: 2175 S. W. 10th Ave, Suite 100, Denver, CO 80202 Contact Name: _____
 Other: OGCC Well Case No: OGCC Well ID: 069-06142
 Well Number: 069-06142 Well ID: 069-06142
 Operator Name: Bader-Collins Well ID: 069-06142
 Location Category: Injection Well Well ID: 069-06142

SHUT-IN PRODUCTION WELL **INJECTION WELL** Last MIT Date: _____
 Test to Maximum SIFTA Station Seal UIC Heat Pack
 Verification of Report Seal UIC Test

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test

Wellbore Interval	Open Hole Interval	Casing Interval
4534-4875		4440

Tubing Casing/Annulus Test

Tubing Test	Tubing Depth	Top Casing Depth	Multiple Packets
<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No

Test Data

Test Date	Test Pressure (PSI)	Test Duration (Min)	Test Results
05/10	350	350	Pass

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

Print Name: _____ Title: _____ Date: _____
 Signature: _____ Title: _____ Date: _____

OGCC Approval: _____
 Conditions of Approval, if any: _____

Colorado Oil And Gas Conservation Commission
 40.35505, -105.05641, 1548.0m
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Form 21