

Inspection Photos  
Location Name: Bader-Collins #2  
API # 069-06319



Wellhead sign



HZ safety prep sign

**Inspection Photos**  
**Location Name: Bader-Collins #2**  
**API # 069-06319**



**Starting casing pressure**



**End casing pressure**

# Inspection Photos

## Location Name: Bader-Collins #2

### API # 069-06319

6. At the injection well, test pressures must be maintained between the tubing and tubing/casing annulus pressure.

7. Do not use this form if submitting under provisions of Rule 226.a(1) E. or C.

8. OGCC notification must be provided 10 days prior to the test via Form 42.

9. Perform or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

Complete the Attachment Checklist

OGCC Operator Number: <u>27530</u>		Contact Name and Telephone		Pressure Chart	Open	OGCC
Name of Operator: <u>Magic Operating Inc</u>		No: <u>9706976308</u>		Constant Band Log		
Address: <u>2707 S. County Road 111</u>		Email: <u>ross@magicoperating.com</u>		Fraser Survey		
City: <u>Lamar</u> State: <u>CO</u> Zip: <u>80643</u>		Well Facility Number: <u>217138</u>		Temperature Survey		
API Number: <u>06-069-06319</u> OGCC Facility ID Number: <u>217138</u>		Well Facility Name: <u>Bader-Collins</u>		Inspection Number	<u>07701222</u>	
Location Off-Ctr: <u>S-550</u> Section: <u>31</u> Township: <u>S24</u> Range: <u>E83</u> Meridian: <u>6</u>		Last MIT Date:				

SHUT-IN PRODUCTION WELL     INJECTION WELL     Reset Packer

Test Type:  
 Test to Maintain S/TA status     5-year UIC  
 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 into depth.
<u>UBRR</u>	<u>4811-4562</u>		Bridge Plug or Cement Plug Depth: <u>4512</u>

Tubing Casing/Annulus Test		Top Packer Depth:		Multiple Packers?	
Tubing Size:	Tubing Depth:			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Test Data					
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure	
<u>5-7-20</u>	<u>SI</u>	<u>0</u>			
Casing Pressure - 30 Min	Casing Pressure - 5 Min	Casing Pressure - 10 Min	Casing Pressure Final Test	Pressure Loss or Gain During Test	
<u>400</u>			<u>200+</u>		

OGCC Field Representative (Print Name): Tom Peterson

Test Witnessed by State Representative?  
 Yes     No

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

Print Name: Ross Warner Title: Compliance Date: 5-7-20

Signed: [Signature] Title: \_\_\_\_\_ Date: \_\_\_\_\_

OGCC Approval: \_\_\_\_\_  
 Conditions of Approval, if any:

Colorado Oil And Gas Conservation Commission  
 40.35162, -105.05692, 1538.0m  
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Form 21