

Inspection Photos  
Location Name: Hale #3  
API # 069-06114



Wellhead sign



HZ safety prep sign

**Inspection Photos**  
**Location Name: Hale #3**  
**API # 069-06114**



**Initial casing pressure**



**5 minute casing pressure**



**Inspection Photos**  
**Location Name: Hale #3**  
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**10 minute casing pressure**



**15 minute casing pressure**

# Inspection Photos

## Location Name: Hale #3

## API # 069-06114

FORM 21  
Rev 5/14

Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 401, Denver, Colorado 80202 (303) 866-2100 Fax: (303) 866-2109

Document Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_

### MECHANICAL INTEGRITY TEST

1. Duration of the pressure test shall be a minimum of 15 minutes.  
2. For original pressure test, test integrity this report if this test was not witnessed by a OGC representative.  
3. Operations wells must be tested to a 100% representative.  
4. For production wells, test pressure results be at least 100 psi to test high injection pressure, whichever is greater.  
5. For injection wells, test pressure results be at least 100 psi to test high injection pressure, whichever is greater.  
6. A minimum 100 psi differential pressure test be maintained between the tubing and casing/annulus pressure.  
7. Do not use the term of exceeding under pressure of 100 psi in the test.  
8. OGC notification must be provided 10 days prior to the test to the OGC.  
9. Failure to follow these rules, the test results will be considered null and void.

OSCC Operator Number: 52530 Contact Name and Telephone: \_\_\_\_\_  
Name of Operator: Monroe Operating Inc. Address: 5707 S. Lincoln Blvd. City: Denver State: CO Zip: 80221 Phone: 303.698.6308 Email: osgi@monroe.com  
API Number: 069-06114 OSCC Facility ID Number: 216927 Well/Wellbore Name: Hale Well/Wellbore Number: 63 Well/Wellbore Type: Injection Well/Wellbore Depth: 1542.0m  
Location (County, Section, Township, Range, Meridian): Weld, 5, 10N, 6E Last MT Date: 5/7/20

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL

Test Type: ☐ Test to Maintain SUIA status ☐ 5-year UIC ☐ Annual UIC Test  
☐ Verification of Repairs ☐ Repeat Pack  
Describe Repairs or Other Well Activities: \_\_\_\_\_

### Wellbore Data at Time of Test

Injection/Producing Zone(s): UBR Perforated Interval: 474-454 Open Hole Interval: \_\_\_\_\_  
Casing Test: 45.10 (Use when perforations or open hole is isolated by bridge plug or cement plug, use if no seal hole test with plug back test depth.)

### Tubing Casing/Annulus Test

Tubing Date: \_\_\_\_\_ Tubing Depth: \_\_\_\_\_ Top Packer Depth: \_\_\_\_\_ Multiple Packers? ☐ Yes ☐ No

### Test Data

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
5-7-20	SI	Casing Pressure 10 Min: <u>470</u>	Casing Pressure After Test: <u>470</u>	Pressure Loss or Gain During Test: <u>0</u>
Casing Pressure Test Time: <u>4:20</u>	Casing Pressure 1 Min: <u>470</u>	Casing Pressure 10 Min: <u>470</u>	Casing Pressure After Test: <u>470</u>	Pressure Loss or Gain During Test: <u>0</u>

OSCC Field Representative (Print Name): Ther Lafferty  
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: Russ Warner Title: Compliance Date: 5-7-20  
Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
OSCC Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Conditions of Approval, if any: \_\_\_\_\_

Colorado Oil And Gas Conservation Commission  
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Form 21