

Inspection Photos
Location Name: MSSU 10-1
API #069-06042



Wellhead sign



Initial casing pressure

Inspection Photos
Location Name: MSSU 10-1
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Starting casing test pressure



5 minute casing pressure

Inspection Photos
Location Name: MSSU 10-1
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10 minute casing pressure



15 minute casing pressure

Inspection Photos

Location Name: MSSU 10-1

API #069-06042

FORM 21
Rev 5/18

State of Colorado
Oil and Gas Conservation Commission
1230 Lincoln Street, Suite 601, Denver, Colorado 80202 Phone: 303-839-1100 Fax: 303-839-1109

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 15 minutes.
2. An original pressure chart must accompany the report if the test was not witnessed by a DOCC representative.
3. Injection wells shall be witnessed by the DOCC representative.
4. For production wells, test pressure must be a minimum of 300 psi.
5. New injection wells must be tested to maximum regulated injection pressure.
6. For production wells, test pressure must be at least 300 psi or average injection pressure, whichever is greater.
7. A minimum 500 psi differential pressure must be maintained between the tubing and tubing/casing service pressure.
8. Do not use this form if submitting greater production of Rule 20A 2.01.b or c.
9. DOCC verification must be provided to three prior to the test or permit.
10. DOCC verification must be provided to three prior to the test or permit.

DOCC Operator Number: 98233 Contact Name and Telephone: Carmona Gray
Operator: Wellington Operating Co. Contact Email: WOC@woc.com
Address: 6045 So. Parker Rd., Ste 200 No: 970-847-4877
City: Centennial State: CO Zip: 80111 Email: graycarmona@woc.com

API Number: 069-06042 DOCC Facility ID Number: _____ Well ID Number: 10-1 Injection Number: 107001240
Well/Property Name: MSSU Well Type: DN Range: GRU Maximum: 6 Last MIT Date: 5/13/2020
Location ID#: 069-06042 Well Status: **INJECTION WELL** **SHUT-IN PRODUCTION WELL** **Recent Packer**

Test Type:
 Test to Maintain S/I/A status 5-year UIC
 Verification of Repairs Annual UIC Test

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test
Production/Producing Zone(s): _____ Perforated Interval: _____ Casing Hole Interval: 4894-4944
Mud: Muddy Top Packer Depth: _____ Multiple Packers? Yes No
Tubing Casing Annulus Test
Tubing Size: 2 7/8" Tubing Depth: 4682' Test Date: _____
Casing Pressure Before Test: _____ Tubing Pressure: _____
Casing Pressure After Test: _____ Tubing Pressure: _____
Test Type: Vac Casing Pressure: 400 Tubing Pressure: 400
Casing Pressure Before Test: _____ Tubing Pressure: _____
Casing Pressure After Test: _____ Tubing Pressure: _____
Test Witnessed by State Representative? Yes No
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: Carmona Gray Title: Roll Sealer Date: 5/13/2020
Signed: Carmona Gray Title: _____ Date: _____
DOCC Approval: _____
Conditions of Approval: _____

Document Number: _____
Date Received: _____

Complete the Attachment Checklist

Operator Chart	<input type="checkbox"/>
Contract Form #10	<input type="checkbox"/>
Form 1000	<input type="checkbox"/>
Temperature Record	<input type="checkbox"/>

Form 21