

Inspection Photos  
Location Name: Schrage #2  
API # 123-10648



Wellhead sign



HZ safety prep sign

**Inspection Photos**  
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**Starting MIT casing pressure**



**5 minute casing pressure**



# Inspection Photos

## Location Name: Schrage #2

### API # 123-10648

MECHANICAL INTENTION

1. Duration of the pressure test must be a minimum of 15 minutes.  
 2. An original pressure chart must accompany this report if the test was not witnessed by a OSGC representative.  
 3. For production wells, test pressures must be at least 300 psi.  
 4. For injection wells, test pressures must be at least 300 psi or working injection pressure, whichever is greater.  
 5. For injection wells, test pressures must be at least 300 psi or working injection pressure, whichever is greater.  
 6. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.  
 7. Do not use this form if submitting under provisions of Rule 326.4(1) & or C.  
 8. OSGC notification must be provided 30 days prior to the test via Form 43.  
 9. Bridge plug tests, etc. must be on separate test of the perforated interval to be considered a valid test.

Complete the Attachment Checklist

OSGC Operator Number: 2550  
 Name of Operator: Morphie Operating Inc.  
 Address: 2707 S. Kentucky Rd. 112  
 City: Loveland State: CO Zip: 80537  
 API Number: 05-123-10648 OSGC Facility ID Number: 24230-7  
 Well/Facility Name: Schrage Well/Facility Number: 1  
 Location: Section 6 Township 74N Range 02W Meridian 6S

Test Type:  
☒ Shut-in Production Well  
☐ Test to Maintain S/TA status  
☐ Verification of Repairs  
☐ Describe Repairs or Other Well Activities:  
☐ 5-year UIC  
☐ Annual UIC Test

Wellbore Data at Time of Test  
 Perforated Interval: 5010 - 4670  
 Open Hole Interval:  
 Casing Test: Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with long back total depth.  
 Bridge Plug or Cement Plug Depth: 4615

Tubing Casing/Annulus Test  
 Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers? ☐ Yes ☐ No

Test Data  
 Initial Static Pressure: 360  
 Casing Pressure: 360  
 Casing Pressure: 360  
 Initial Tubing Pressure: 360  
 Final Tubing Pressure: 360  
 Pressure Loss or Gain During Test: 360

OSGC Field Representative (Print Name): Joe Peters

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 Worn Title: Compliance Date: 5-14-20

OSGC Approval: Conditions of Approval, if any:

Form 21