

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
NATURAL RESOURCES  
00263462  
**MECHANICAL INTEGRITY REPORT**



Facility Number	API Number 05-123-05525	Well Name and Number UPRR Priddy #4
Field Pierce Unit	Location (1/4 1/4, Sec., Twp., Rng.) SE/4 SW/4 Section 23-T8N-R66W	
Operator Stelbar Oil Corporation, Inc.		
Operator Address 155 North Market, Suite #500	City Wichita	State KS
Operator's Representative at Test Larry Blandin		Zip Code 67202
		Area Code Phone Number (316) 264-8378

1. If both Part I and Part II are not completed, the mechanical integrity test cannot be approved and will be returned to the operator.
2. Prior to performing any required pressure test, notice must be given to the Commission.
3. A pressure chart must accompany this report, if the pressure test was not witnessed by a state representative.
4. Facility numbers and API numbers are available at the Commission upon request.

**PART I** (Choose one of the following options)

**1. Pressure test**— (Pressure tests should be a minimum of 15 minutes, at 300 psi or minimum injection pressure whichever is greater. A minimum 300 psi differential pressure must be maintained between tubing and tubing/casing annulus pressures.)

**A. Well Data at Time of Test**

Tubing Size None	Tubing Depth —	Top Packer Depth None	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth 9100'	Injection Zone(s), name Producer-Lyons		Injection Interval (gross) 9156' - 9196'
Injected Thru <input checked="" type="checkbox"/> Perforations <input type="checkbox"/> Open Hole	Test Witnessed by State Rep. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**B. Casing Test Data**

Test Date 4-24-95	Well Status During Pressure Test <input type="checkbox"/> Injecting <input checked="" type="checkbox"/> Shut-in <input type="checkbox"/> Open	Date of Last Approved MIT None
Starting Casing Press. 1000#	Final Casing Press. 1000#	Pressure Loss or Gain During Test 0
Initial Tubing Press. N/A	Tubing Press.—5 min N/A	Tubing Press.—10 min N/A
		Tubing Press.—15 min N/A

**2. Monitoring Tubing - Casing Annulus Pressure**

Procedure must be approved prior to initiation and only after satisfactorily passing an initial pressure test.

Date of Pressure Test	Test Pressure	Date Pressure Test Approved	Monitoring to start (Month, Year)
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**3. Alternate Test Approved by Director** (See Rule 327) Attach procedures and logs with report. Procedures subject to review by EPA.

**PART II** (Choose one of the following options) Attach records, charts, logs where appropriate.

**1. Cementing Records** — (valid only for injection wells in existence prior to July 1, 1986)

	Casing Size	Hole Size	Depth Set	No. Sacks Cement	Calculated Cement Tops
Surface Casing	9-5/8"	12 1/2"	418'	350	Surface
Production Casing	5 1/2"	7-7/8"	9247'	350	7783'
Stage Tool					

<input type="checkbox"/> <b>2. Tracer Survey</b> <span style="float: right;">Test Date</span>  <input type="checkbox"/> <b>3. CBL or equiv.</b> <span style="float: right;">Test Date</span>	<input type="checkbox"/> <b>4. Temperature Survey</b> <span style="float: right;">Test Date</span>  <input type="checkbox"/> <b>5. Alternate Test Approved by Director</b> (See Rule 327) Attach procedures and logs with report. Procedures subject to review by EPA.
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I hereby certify that the statements herein made are true and correct.

Signed Laura L. Mendinhall Title Petroleum Engineer Date 9/18/95

For State Use:

Approved by [Signature] Title \_\_\_\_\_ Date 10/12/95

Conditions of approval, if any:

SI/TA STATUS GRANTED THRU 4/24/2000

# COLORADO OIL & GAS CONSERVATION COMMISSION

## FIELD INSPECTION FORM

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	1120 Lincoln Street, Suite 801 Denver, CO 80203 (303)894-2100
API No. 05- <u>123</u>	LEASE NAME: <u>Paddy #4</u>
LOCATION: <u>SE-SW-S23-8N-66W</u>	OPERATOR: <u>Stolham Oil</u>
DATE: <u>4-24-95</u>	INSPECTOR: <u>Kavelka</u>
Insp. Type: <u>MIT</u> Insp. Status: <u>PA</u> PA: Y N	Pass/Fail: P F Viol.: Y <u>(N)</u> NOV: Y <u>(N)</u>

INSPECTION ITEM <u>PA</u>	COMMENTS	INPUT
Well ID Signs	<u>UP</u>	
Pits (Reserve/Production)	<u>N/A</u>	
Fences	<u>N/A</u>	
Tank Battery Equipment		
Fire Walls/Berms/Dikes		
General Housekeeping		
Spills (Oil/Water)		
Bradenhead		
Drilling Well/Workover		
<u>Oper. Rep:</u>	<u>Larry Blandin</u> <u>Jason Kavelka</u>	
<u>Surface Rehabilitation</u>		
<u>OGCC Rep:</u>		
<u>Miscellaneous</u>		



**CORRECTIVE ACTION REQUIRED:** 1000# gas 13 min.  
bleed off

Date Corrective Action Required By: N/A Date Remedied: N/A

This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in a timely manner. Failure to comply may result in enforcement action by the Commission.