

State of Colorado  
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

**MECHANICAL INTEGRITY TEST**

- Duration of the pressure test must be a minimum of 15 minutes.
- An original pressure chart must accompany this report if this test was not witnessed by a OGCC representative.  
Injection wells tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressurees must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

<b>OGCC Operator Number:</b> _____		<b>Contact Name and Telephone</b>	
<b>Name of Operator:</b> _____		<b>No:</b> _____	
<b>Address:</b> _____		<b>Email:</b> _____	
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	
<b>API Number:</b> _____		<b>OGCC Facility ID Number:</b> _____	
<b>Well/Facility Name:</b> _____		<b>Well/Facility Number:</b> _____	
<b>Location QtrQtr:</b> _____	<b>Section:</b> _____	<b>Township:</b> _____	<b>Range:</b> _____
<b>Meridian:</b> _____			

FOR OGCC USE ONLY

Document Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Complete the Attachment Checklist**

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

☐ **SHUT-IN PRODUCTION WELL**

☐ **INJECTION WELL**

**Last MIT Date:** \_\_\_\_\_

**Test Type:**

- ☐ Test to Maintain SI/TA status  
☐ Verification of Repairs

- ☐ 5- year UIC  
☐ Annual UIC Test

☐ Reset Packer

**Describe Repairs or Other Well Activities:** \_\_\_\_\_

**Wellbore Data at Time of Test**

<b>Injection/Producing Zone(s)</b>	<b>Perforated Interval:</b>	<b>Open Hole Interval:</b>
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**Casing Test**

Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.

**Bridge Plug or Cement Plug Depth**

**Tubing Casing/Annulus Test**

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

<b>Test Date</b>	<b>Well Status During Test</b>	<b>Casing Pressure Before Test</b>	<b>Initial Tubing Pressure</b>	<b>Final Tubing Pressure</b>
<b>Casing Pressure Start Test</b>	<b>Casing Pressure - 5 Min.</b>	<b>Casing Pressure - 10 Min.</b>	<b>Casing Pressure Final Test</b>	<b>Pressure Loss or Gain During Test</b>
			XXX 555	XX -2

**Test Witnessed by State Representative?**

☐ Yes ☐ No

**OGCC Field Representative (Print Name):** \_\_\_\_\_

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

**Print Name:** \_\_\_\_\_

**Signed:** TYSON HAMACHER **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OGCC Approval:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Conditions of Approval, if any:**