

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

1. Duration of the pressure test must be a minimum of 15 minutes.
2. 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.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures must be at least 300 psig or average 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.a.(1) B. or C.
8. OGCC notification must be provided 10 days prior to the test via Form 42.
9. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

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

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
 ☐ 5- year UIC
 ☐ Reset Packer
☐ Verification of Repairs
 ☐ Annual UIC Test

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test			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.	
Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	Bridge Plug or Cement Plug Depth	

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

Test Data				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test

Test Witnessed by State Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	OGCC Field Representative (Print Name): _____
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: _____

Signed: Sabrina Frantz Title: _____ Date: _____

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: