



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 an OGCC representative. Injection well 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 pressures 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.
- Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
- Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

42-402746758

Complete the Attachment
Checklist

OP OGCC

OGCC Operator Number: 10447	Contact Name: _____	Pressure Chart		
Name of Operator: URSA OPERATING COMPANY LLC	Phone: () _____	Cement Bond Log		
Address: 950 17TH STREET, SUITE 1900		Tracer Survey		
City: DENVER State: CO Zip: 80202 Email: _____		Temperature Survey		
API Number: 05-045-22320	OGCC Facility ID Number: 435969	Inspection Number		
Well/Facility Name: Valley Farms	Well/Facility Number: J7			
Location QtrQtr: NWNW Section: 13 Township: 6S Range: 92W Meridian: 6				

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 8/26/2016 12:00:00 AM

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. Bridge Plug or Cement Plug Depth 978
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
N-COM5				
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
07-26-2021	SUSPENDED OPERATIONS	0		
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
357	356	355	355	.2

Test Witnessed by State Representative? OGCC Field Representative _____

OPERATOR COMMENTS:

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

Signed: Dustin Walsh Print Name: Dustin Walsh
Title: _____ Email: _____ Date: 7-26-21

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

