

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 an 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 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.
- 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.

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

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. Bridge Plug or Cement Plug Depth
Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	

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): _____
---	---

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

Print Name: _____

Signed: _____ Title: _____ Date: _____

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: