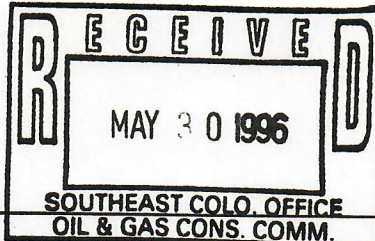


STATE OF COLORADO
GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

MECHANICAL INTEGRITY REPORT

Facility Number 322	API Number 05-017-07208	Well Name and Number Bledsoe 13231 #9
Field Bledsoe Ranch	Location (1/4 1/4, Sec., Twp., Rng.) NWSE 31 12S 50W	
Operator UPR		
Operator Address 15562 Hwy 385	City Cheyenne Wells	State CO
Operator's Representative at Test Ed Quibel	Zip Code 80870	
	Area Code Phone Number 919 1767-8851	

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 2 7/8	Tubing Depth 6467	Top Packer Depth 6467	Multiple Packers Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bridge Plug Depth ARBUCKLE	Injection Zone(s), name 6511-6601		Injection Interval (gross) 6511-6601
Injected Thru <input type="checkbox"/> Perforations <input checked="" type="checkbox"/> Open Hole	Test Witnessed by State Rep. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

B. Casing Test Data

Test Date 5-30-96	Well Status During Pressure Test <input checked="" type="checkbox"/> Injecting <input type="checkbox"/> Shut-in <input type="checkbox"/> Open	Date of Last Approved MIT 8-22-91	
Starting Casing Press. 320	Final Casing Press. 365	Pressure Loss or Gain During Test +45	
Initial Tubing Press. -26 Hg	Tubing Press.-5 min -26 Hg	Tubing Press.-10 min -26 Hg	Tubing Press.-15 min -26 Hg

☐ 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					
Production Casing					
Stage Tool					

☐ 2. Tracer Survey

Test Date

☐ 4. Temperature Survey

Test Date

☐ 3. CBL or equiv.

Test Date

☐ 5. Alternate Test Approved by Director

(See Rule 327) Attach procedures and logs with report. Procedures subject to review by EPA.

I hereby certify that the statements herein made are true and correct.

Signed

Ed Quibel

Title

Sup Operator

Date

5-30-96

For State Use:

Approved by

R. Ganslick

Title

Engr

Date

5-30-96

Conditions of approval, if any: