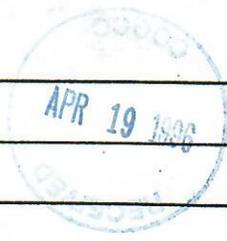




00250537

MECHANICAL INTEGRITY REPORT



Facility Number	API Number 075-065981	Well Name and Number DuBois #2
Field Padroni West	Location (1/4 1/4, Sec., Twp., Rng.) NENW-Sec 7, 9N-52W	
Operator Lewis & Clark Exploration Company		
Operator Address 1660 Lincoln St, Ste 2210	City Denver,	State Colorado
Operator's Representative at Test Don Hembre	Area Code (303)	Zip Code 80264 Phone Number 894-9805

- If both Part I and Part II are not completed, the mechanical integrity test cannot be approved and will be returned to the operator.
- Prior to performing any required pressure test, notice must be given to the Commission.
- A pressure chart must accompany this report, if the pressure test was not witnessed by a state representative.
- 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 4663	Top Packer Depth 4663	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth 4915	Injection Zone(s), name		Injection Interval (gross)
Injected Thru <input type="checkbox"/> Perforations <input type="checkbox"/> Open Hole	Test Witnessed by State Rep. <i>EBB</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

B. Casing Test Data

Test Date 4-17-96	Well Status During Pressure Test <input type="checkbox"/> Injecting <input checked="" type="checkbox"/> Shut-in <input type="checkbox"/> Open	Date of Last Approved MIT None
Starting Casing Press. 420	Final Casing Press. 410	Pressure Loss or Gain During Test -10
Initial Tubing Press. 0	Tubing Press.-5 min	Tubing Press.-10 min
		Tubing Press.-15 min 0

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	2 5/8" - 24#		139'	100	surface
Production Casing	5 1/2" - 14#	7 7/8"	5092	125	4200'
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 Donald K. Hembre Title President Date April 18, 1996

For State Use:

Approved by EBB Title Area Engineer Date 4-17-96

Conditions of approval, if any: