

Inspection Photos
Location Name: Treleaven-Gov 8
Location ID: 312850

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State of Colorado
Oil and Gas Conservation Commission

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MECHANICAL INTEGRITY TEST

1. Number of operations that must be a minimum of 1000.
 2. An annual inspection shall be performed on all wells.
 3. All wells shall have their own inspection report and shall not be released by OGC representative.
 4. All production wells, test production wells, or injection wells.
 5. New production wells shall be inspected within 90 days of completion.
 6. All production wells, test production wells, or injection wells shall be inspected within 90 days of completion.
 7. All production wells, test production wells, or injection wells shall be inspected within 90 days of completion.
 8. OGC representative shall be present at all well site inspections, unless otherwise specified.
 9. OGC representative shall be present at all well site inspections, unless otherwise specified.
 10. OGC representative shall be present at all well site inspections, unless otherwise specified.

OGCC Operator Number: 30020

Name of Operator: **Wentz Operating, Inc.** Contact Name and Telephone: **Tom Kibbe**
 Address: **P.O. Box 1600** City: **Fort Collins**
 State: **Colorado** Zip: **80502** Phone: **(970) 577-5828**
 Fax: **(970) 577-5828** Email: **Tom.Kibbe@wentzoperating.com**
 Well/Field Name: **7102-Gov 8** OGC File # Number: **30008**

Well/Field Number: **88**
 Location (County, Section, Range, Township): **Weld, 29, 60N, 70E**
 Well Type: **SHUT-IN PRODUCTION WELL** **INJECTION WELL** Last MIF Date: **03/05/2017**

Test Type: Test to Maintain N/A status 5-Year MIF Test Packets
 Verification of Papais Annual MIF Test Test Packets
 Describe Repairs or Other Well Activities:

Wellbore Depth at Time of Test (Use when perforations or open hole is isolated by bridge plug or cement plug; use if same hole only with long track tool string)
 SRMP **7102-15** Bridge Plug or Cement Plug Depth:

Testing Casing/Annulus Test
 Tubing Size: **2.875** Tubing Depth: **7050** Test Packets Depth: **7015** Multiple Packets? Yes No

Test Data
 Test Date: **2/24/22** Well Section/Well Test: **65** OGC Test Name: **OGC Testing Name** Test Using Pressure: **1500 psi**
 Casing Pressure: **1500 psi** Casing Pressure: **1500 psi** Casing Pressure: **1500 psi** Casing Pressure: **1500 psi**
 First Witnessed by State Representative? Yes No OGC Field Representative (Print Name): **Emily Walker**

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

Print Name: **Daniel Sauls** Title: **Pumper** Date: **2-24-22**
 Signed: *[Signature]* OGC Approval: *[Signature]* Title: **Field Inspector** Date: **2/24/22**
 Conditions of Approval, if any:

Photo 1. Photo of Form 21 as filled out and signed in the field.