

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

1. Duration of the pressure test must be a minimum of 15 minutes.
2. An original pressure chart must accompany this report if this test was not witnessed by a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be at minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
6. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
7. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
8. OGCC notification must be provided 10 days prior to the test via Form 42.
9. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: 10459 Contact Name and Telephone
Name of Operator: EXTRACTION OIL & GAS INC ADAM CONRY
Address: 370 17TH STREET SUITE 5200 No: (303) 883-3351
City: DENVER State: CO Zip: 80202 Email: AConry@civiresources.com
API Number: 05-014-20813 OGCC Facility ID Number: 457733
Well/Facility Name: UNITED A Well/Facility Number: #S16-20-5N
Location QtrQtr: NENE Section: 9 Township: 1S Range: 68W Meridian: 6

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
☐ Verification of Repairs

☐ 5- year UIC
☐ Annual UIC Test
☐ Reset Packer

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.	
Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	Bridge Plug or Cement Plug Depth	
	NP			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date <u>5-31-22</u>	Well Status During Test <u>SUSPENDED OPERATIONS</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure <u>0</u>	Final Tubing Pressure <u>0</u>
Casing Pressure Start Test <u>351</u>	Casing Pressure - 5 Min. <u>351</u>	Casing Pressure - 10 Min. <u>351</u>	Casing Pressure Final Test <u>351</u>	Pressure Loss or Gain During Test <u>0</u>
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" 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: Curtis McFarlandSigned: [Signature] Title: _____Date: 5-31-22OGCC Approval: [Signature] Title: _____

Date: _____

Conditions of Approval, if any: _____