

JUL 02 1997



MECHANICAL INTEGRITY REPORT

| | | | | |
|--|---|---|---|--------------|
| Facility Number | API Number 05-063-06254 | Well Name and Number Colmena Inc #1 |  | |
| Field High Point field | Location (1/4 1/4, Sec., Twp., Rng.) 5W SW 19-115-50W | | 00511125 | |
| Operator Union Pacific Resources | | Cheyenne Wells | Colo | 80810 |
| Operator Address 15562 Hwy 385 | | Cheyenne Wells Colo | State | Zip Code |
| Operator's Representative at Test Sadd R. Measer | | Area Code Phone Number (719) 767 8851 | | |

- 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 | Tubing Depth | Top Packer Depth 6544 | Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Bridge Plug Depth 6544 | Injection Zone(s), name | | Injection Interval (gross) |
| Injected Thru <input type="checkbox"/> Perforations <input type="checkbox"/> Open Hole | Test Witnessed by State Rep. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

B. Casing Test Data

| | | | |
|--|--|--|--|
| Test Date 3/13/95 | Well Status During Pressure Test <input type="checkbox"/> Injecting <input checked="" type="checkbox"/> Shut-in <input type="checkbox"/> Open | Date of Last Approved MIT | |
| Starting Casing Press. 345 PSI | Final Casing Press. 350 PSI | Pressure Loss or Gain During Test +5 | |
| Initial Tubing Press. 345 PSI | Tubing Press.-5 min 345 PSI | Tubing Press.-10 min 345 PSI | Tubing Press.-15 min 350 PSI |

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) |
|-----------------------|---------------|-----------------------------|-----------------------------------|

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 | | | | | |

- | | | | |
|--|-----------|--|-----------|
| <input type="checkbox"/> 2. Tracer Survey | Test Date | <input type="checkbox"/> 4. Temperature Survey | Test Date |
| <input type="checkbox"/> 3. CBL or equiv. | Test Date | <input type="checkbox"/> 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 Sadd R. Measer Title Pumper Date 3/13/95

For State Use:

Approved by R. VonSickh Title Engn. Date 3-13-95
Conditions of approval, if any: