



State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



01209806



FOR OGCC USE ONLY

RECEIVED

JUN 21 2004

COGCC

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. For injection wells, test pressures must be at 300 psig or minimum injection pressure, whichever is greater.
5. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
6. Do not use this form if submitting under provisions of Rule 328.a. (1) B. or C.
7. OGCC notification must be provided prior to the test.
8. Packers or bridge plugs, etc., must be set within 250 feet of the perforated interval to be considered a valid test.



Complete the  
Attachment Checklist

OGCC Operator Number: <u>91100</u>	Contact Name and Telephone: <u>GARY COLLINS</u>
Name of Operator: <u>ANADARKO</u>	No: <u>719 767-8851</u>
Address: <u>15560 HWY 385</u>	Fax: <u>719 767-8952</u>
City: <u>Cheyenne Wells</u> State: <u>CO</u> Zip: <u>80810</u>	
API Number: <u>05-063-06254</u> Field Name: <u>High Point (SPEAKER)</u> Field Number: _____	
Well Name: <u>Colmena Inc.</u> Number: <u>#1</u> <u>14-19</u>	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSW 19-115-50W</u>	

	OGCC
Pressure Chart	<input checked="" type="checkbox"/> 01209807
Cement Bond Log	
Tracer Survey	
Temperature Survey	

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☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Facility No.: \_\_\_\_\_

Part I Pressure Test

☐ 5-Year UIC Test

☒ Test to Maintain SI/TA Status

☐ Reset Packer

☐ Verification of Repairs

☐ Tubing/Packer Leak

☐ Casing Leak

☐ Other (Describe): \_\_\_\_\_

Describe Repairs: \_\_\_\_\_

NA - Not Applicable		Wellbore Data at Time Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s): <u>MORROW</u>		Perforated Interval: <input type="checkbox"/> NA <u>6594-6596</u>		Use when perforations or open hole is isolated by bridge plug or cement plug	
		Open Hole Interval: <input checked="" type="checkbox"/> NA		Bridge Plug or Cement Plug Depth: <u>6544</u>	
Tubing Casing/Annulus Test <input checked="" type="checkbox"/> NA					
Tubing Size: <u>2 7/8</u>	Tubing Depth: <u>5108</u>	Top Packer Depth: _____	Multiple Packers? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Test Data					
Test Date: <u>5-19-04</u>	Well Status During Test: <u>SI</u>	Date of Last Approved MIT: <u>8-17-2000</u>	Casing Pressure Before Test: <u>0</u>	Initial Tubing Pressure: _____	Final Tubing Pressure: _____
Starting Casing Test Pressure: <u>380</u>	Casing Pressure - 5 Min.: <u>378</u>	Casing Pressure - 10 Min.: <u>376</u>	Final Casing Test Pressure: <u>375</u>	Pressure Loss or Gain During Test: <u>5 PSI</u>	
Test Witnessed by State Representative? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			OGCC Field Representative: _____		

Part II Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

☐ Tracer Survey

☐ CBL or Equivalent

☐ Temperature Survey

Run Date: \_\_\_\_\_

Run Date: \_\_\_\_\_

Run Date: \_\_\_\_\_

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

Print Name: GARY COLLINS

Signed: [Signature]

Title: PRODUCTION TECH

Date: 5-19-04

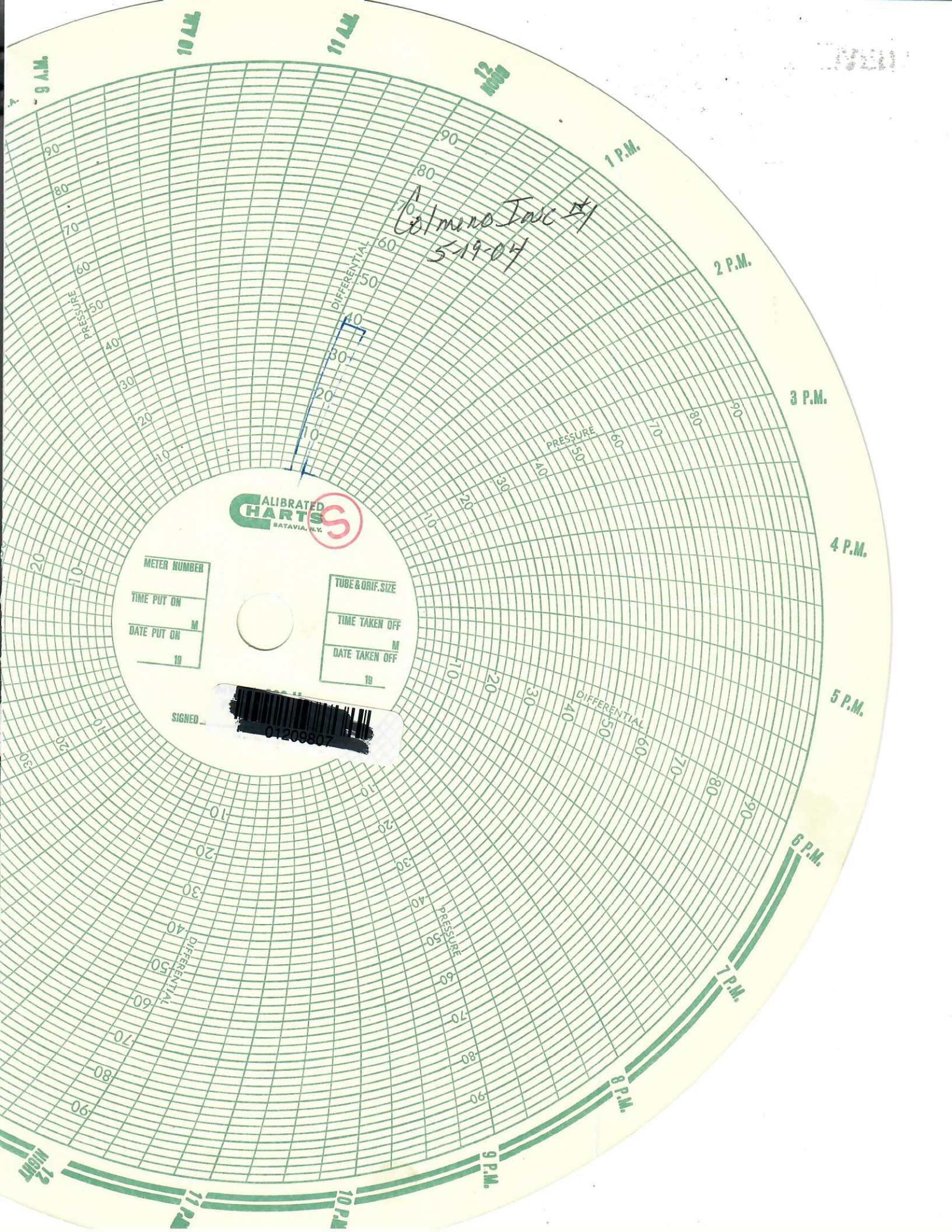
OGCC Approval: [Signature]

Title: FIELD ENGINEER

Date: 6-18-04

Conditions of Approval, if any: \_\_\_\_\_





Colman Inc #1  
5-19-04



METER NUMBER
TIME PUT ON
DATE PUT ON
19

TUBE & ORIF. SIZE
TIME TAKEN OFF
DATE TAKEN OFF
19

SIGNED

