

FORM 21 Rev 8/98

State of Colorado Oil and Gas Conservation Commission



FOR OGCC USE ONLY RECEIVED JUN 21 2004 COGCC

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

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

Attachment Checklist table with columns for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, and checkboxes for OGCC/Operator.

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:

Wellbore Data at Time Test
Injection/Producing Zone(s): MORROW
Perforated Interval: 6594-6596
Open Hole Interval: NA
Casing Test: NA

Tubing Casing/Annulus Test
Tubing Size: 2 7/8
Tubing Depth: 5108
Top Packer Depth:
Multiple Packers? NO

Test Data table with columns for Test Date, Well Status During Test, Date of Last Approved MIT, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure, Starting Casing Test Pressure, Casing Pressure - 5 Min, Casing Pressure - 10 Min, Final Casing Test Pressure, Pressure Loss or Gain During Test.

Test Witnessed by State Representative? YES 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 Run Date: CBL or Equivalent Run Date: Temperature Survey Run Date:

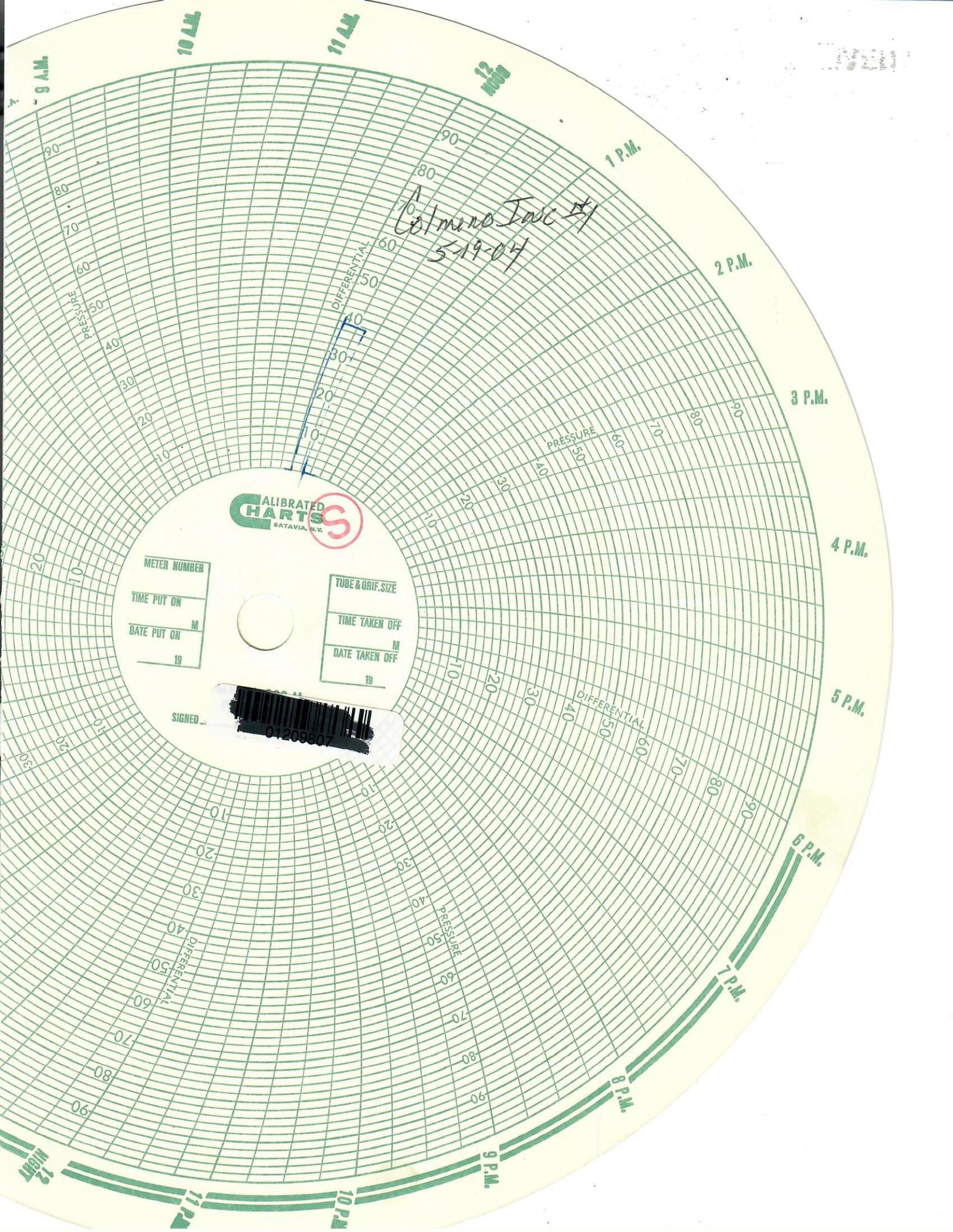
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

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's Inc #1
5-19-04



METER NUMBER
TIME PUT ON
DATE PUT ON M
19

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

SIGNED [Redacted Signature]