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State of Colorado
 Gas Conservation Commission
 DEPARTMENT OF NATURAL RESOURCES

APR. 08 1997

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FOR OGCC USE ONLY

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 MAR 26 1997
 SOUTHEAST COLO. OFFICE
 OIL & GAS CONS. COMM.

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well.

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 326.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.

| | | | |
|----|----|----|----|
| ET | OE | PR | ES |
|----|----|----|----|

Complete the Attachment Checklist

| | | |
|--------------------|------|------|
| Pressure Chart | Oper | OGCC |
| Cement Bond Log | | |
| Tracer Survey | | |
| Temperature Survey | | |

OGCC Operator Number: 91100 Contact Name & Phone _____
 Name of Operator: Union Pacific Resources
 Address: _____ No: _____
 City: Cheyenne Wells State: Colo Zip: _____ Fax: _____
 API Number: 05-073-06082 Field Name: _____ Field No: _____
 Well Name: State 1-36 Number: _____
 Location (QtrQtr, Sec, Twp, Rng, Meridian): NW 36 11S 52W

SHUT-IN PRODUCTION WELL **INJECTION WELL** FACILITY NO: _____

Part I Pressure Test

- 5-Year Test Test to Maintain SI/TA Status Reset Packer
 Verification of Repairs (describe repairs): _____

NA - Not Applicable **Wellbore Data at Time Test**

| | | |
|--|---|--|
| Injection/Producing Zone(s) <u>Niobrara</u> | Perforated Interval <input checked="" type="checkbox"/> NA | Open Hole Interval <input checked="" type="checkbox"/> NA |
|--|---|--|

Casing Test NA
 Use when perforations or open hole is isolated by bridge plug or cement plug
 Bridge Plug or Cement Plug Depth
2300

Tubing Casing/Annulus Test NA

| | | | |
|-------------|--------------|------------------|--|
| Tubing Size | Tubing Depth | Top Packer Depth | Multiple Packers <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------|--------------|------------------|--|

Test Data

| | | | | | |
|---|--|---|--|---|-----------------------|
| Test Date <u>3/26/97</u> | Well Status During Test <u>TA</u> | Date of Last Approved MIT | 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>380 PSI</u> | Casing Pressure - 10 Min. <u>380 PSI</u> | Final Casing Test Pressure <u>380 PSI</u> | Pressure Loss or Gain During Test <u>0</u> | |

Test Witnessed by State Representative OGCC Field Representative:
 NO YES ROBERT VAN SICKLE

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 Equiv. 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: Todd R. Messer
 Signed: Todd R. Messer Title: Operator Date: 3/26/97

OGCC Approval: R. Van Sickle Title: Engn Date: 3-26-97

Conditions of Approval, if any: