



State of Colorado  
Oil and Gas Conservation Commission  
DEPARTMENT OF NATURAL RESOURCES

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.

FOR OGCC USE ONLY

**RECEIVED**

**MAR 26 1997**

SOUTHEAST COLO. OFFICE  
OIL & GAS CONS. COMM.

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

Complete the Attachment  
Checklist

Pressure Chart	Oper OGCC
Cement Bond Log	
Tracer Survey	
Temperature Survey	

☒ 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 <input type="checkbox"/> NA
Use when perforations or open hole is isolated by bridge plug or cement plug
Bridge Plug or Cement Plug Depth <u>2300</u>

Tubing Casing/Annulus Test <input checked="" type="checkbox"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	OGCC Field Representative: <u>ROBERT VAN SICKLE</u>
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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.

<input type="checkbox"/> Tracer Survey Run Date _____	<input type="checkbox"/> CBL or Equiv. Run Date _____	<input type="checkbox"/> Temperature Survey Run Date _____
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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: