



State of Colorado Oil and Gas Conservation Commission

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



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FOR OGCC USE ONLY

SEP -3 02



COGCC



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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 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.

Complete the Attachment Checklist

Opw OGCC

| | | |
|--------------------|---|--|
| Pressure Chart | X | |
| Cement Band Log | | |
| Tracer Survey | | |
| Temperature Survey | | |
| | | |
| | | |

| | |
|--|----------------------------|
| OGCC Operator Number: 5685 | Contact Name and Telephone |
| Name of Operator: Babcock and Brown Energy Inc | Jim Rowland |
| Address: 350 Interlocken Blvd., Suite 290 | No: 303-460-1132 |
| City: Broomfield State: CO Zip: 80021 | Fax: 303-460-1205 |
| API Number: 075-06363 | Field Name: Mt. Hope Unit |
| Well Name: Mt. Hope Unit | Field Number: 56150 |
| Location (QtrQtr, Sec, Twp, Rng, Meridian): NE NE Sec. 25-T9N-R54W | Number: 25 |

☒ 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) | Perforated Interval: <input type="checkbox"/> NA | Use when perforations or open hole is isolated by bridge plug or cement plug |
| D Sandstone | Open Hole Interval: <input type="checkbox"/> NA | Bridge Plug or Cement Plug Depth |
| | 4888' - 4906' KB | CIBP @ 4705' KB w/2 sx. cmt. |

| | | | |
|--|---------------|-------------------|--|
| Tubing Casing/Annulus Test <input type="checkbox"/> NA | | | |
| Tubing Size: | Tubing Depth: | Top Packer Depth: | Multiple Packers? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| None | | | |

| | | | | | |
|-------------------------------|--------------------------|---------------------------|-----------------------------|-----------------------------------|-----------------------|
| Test Data | | | | | |
| Test Date | Well Status During Test | Date of Last Approved MIT | Casing Pressure Before Test | Initial Tubing Pressure | Final Tubing Pressure |
| 08/20/02 | Shut In | None | 0 psig. | | |
| Starting Casing Test Pressure | Casing Pressure - 5 Min. | Casing Pressure - 10 Min. | Final Casing Test Pressure | Pressure Loss or Gain During Test | |
| 360 psig. | 330 psig. | 300 psig. | 276 psig. | - 84 psig. | |

| | |
|---|----------------------------|
| Test Witnessed by State Representative? | OGCC Field Representative: |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

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 | <input type="checkbox"/> CBL or Equivalent | <input type="checkbox"/> Temperature Survey |
| Run Date: _____ | Run Date: _____ | Run Date: _____ |

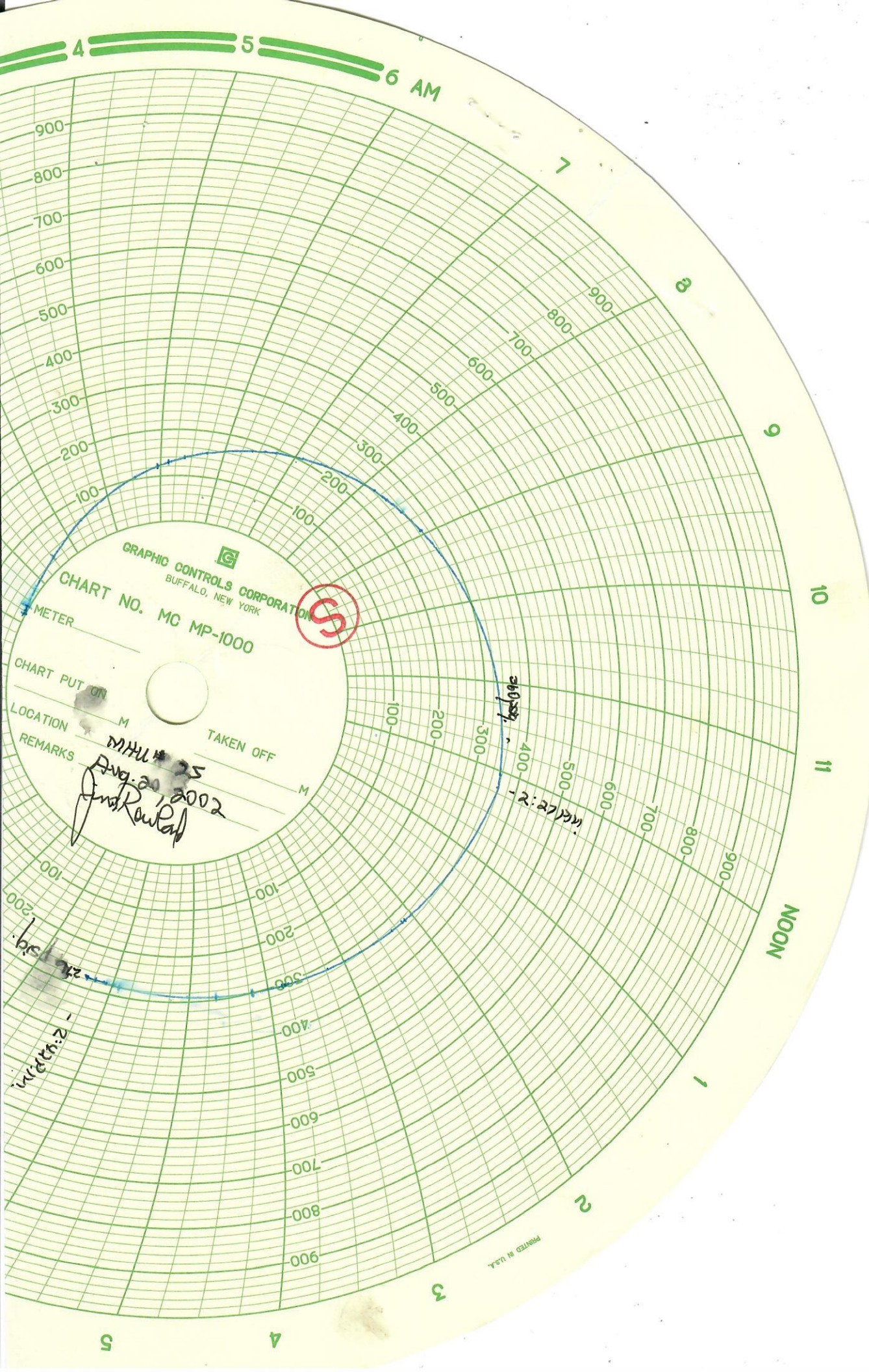
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: James Rowland

Signed: James W. Rowland Title: Engineer Date: 08/22/2002

OGCC Approval: Not Approved Title: Date: 8/29/02

Conditions of Approval, if any: Repair well or plug before 2/20/03



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER _____
CHART PUT ON _____ M
LOCATION _____ M
REMARKS _____
TAKEN OFF _____ M

MAILED 25
Aug. 20, 2002
J. R. Kowalski

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