



02357693

State of Colorado

Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

AUG 26 1999

CO. OIL & GAS CONS. COM.

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.

OGCC Operator Number: <u>94090</u>		Contact Name & Phone	
Name of Operator: <u>Walsh Production, Inc.</u>		<u>Bill Walsh</u>	
Address: <u>P. O. Box 30</u>		No: <u>970-522-1839</u>	
City: <u>Sterling</u>	State: <u>CO</u>	Zip: <u>80751</u>	Fax: <u>970-522-2535</u>
API Number: <u>05-001-6663</u>		Field Name: <u>Noonen Ranch</u>	Field No: _____
Well Name: <u>Champlin</u>		Number: <u>1-13</u>	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NE SE Sec. 23-T3S-R59W</u>			

Complete the Attachment Checklist

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

☒ 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	
Injection/Producing Zone(s) <u>J Sand</u>	Perforated Interval <input type="checkbox"/> NA 6156-6162	Open Hole Interval <input 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>6016'</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>8-10-99</u>	Well Status During Test <u>Shut In</u>	Date of Last Approved MIT <u>N/A</u>	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
Starting Casing Test Pressure <u>480</u>	Casing Pressure - 5 Min. <u>480</u>	Casing Pressure - 10 Min. <u>470</u>	Final Casing Test Pressure <u>460</u>	Pressure Loss or Gain During Test <u>-20</u>	

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

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: William M. Walsh

Signed: William M. Walsh Title: Vice-President Date: 8-20-99

OGCC Approval: [Signature] Title: Area Engineer Date: 8-23-99

Conditions of Approval, if any: