

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

RECEIVED



MECHANICAL INTEGRITY REPORT

| | | |
|--|---|---|
| Facility Number 181 | API Number 001-06337 | Well Name and Number Poncho Unit 3 |
| Field Poncho | Location (1/4 1/4, Sec., Twp., Rng.) NESW 34-3S-59W | |
| Operator Poncho Production Co. | | |
| Operator Address 8939 Pearl, #1521 | City Thornton | State CO Zip Code 80229 |
| Operator's Representative at Test Robert Vachlavic | | Area Code Phone Number (303) 650 1588 |

- If both Part I and Part II are not completed, the mechanical integrity test cannot be approved and will be returned to the operator.
- Prior to performing any required pressure test, notice must be given to the Commission.
- A pressure chart must accompany this report, if the pressure test was not witnessed by a state representative.
- Facility numbers and API numbers are available at the Commission upon request.

PART I (Choose one of the following options)

- ☒ **1. Pressure test**— (Pressure tests should be a minimum of 15 minutes, at 300 psi or minimum injection pressure whichever is greater. A minimum 300 psi differential pressure must be maintained between tubing and tubing/casing annulus pressures.)

A. Well Data at Time of Test

| | | | |
|--|--|--|---|
| Tubing Size 2 3/8 | Tubing Depth 5950 | Top Packer Depth 5950 | Multiple Packers Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Bridge Plug Depth | Injection Zone(s), name JSD | Injection Interval (gross) 6028-84 | |
| Injected Thru <input checked="" type="checkbox"/> Perforations <input type="checkbox"/> Open Hole | Test Witnessed by State Rep. EBB Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |

B. Casing Test Data

| | | |
|--------------------------------------|--|--|
| Test Date 6-26-95 | Well Status During Pressure Test Injecting <input checked="" type="checkbox"/> Shut-in <input type="checkbox"/> Open <input type="checkbox"/> | Date of Last Approved MIT 1-11-90 |
| Starting Casing Press. 355 | Final Casing Press. 350 | Pressure Loss or Gain During Test -5 |
| Initial Tubing Press. 1170 | Tubing Press.-5 min 1170 | Tubing Press.-10 min 1170 |
| | | Tubing Press.-15 min 1170 |

- ☐ **2. Monitoring Tubing - Casing Annulus Pressure**

Procedure must be approved prior to initiation and only after satisfactorily passing an initial pressure test.

| | | | |
|-----------------------|---------------|-----------------------------|-----------------------------------|
| Date of Pressure Test | Test Pressure | Date Pressure Test Approved | Monitoring to start (Month, Year) |
| | | | |

- ☐ **3. Alternate Test Approved by Director** (See Rule 327) Attach procedures and logs with report. Procedures subject to review by EPA.

PART II (Choose one of the following options) Attach records, charts, logs where appropriate.

- ☐ **1. Cementing Records** — (valid only for injection wells in existence prior to July 1, 1986)

| | Casing Size | Hole Size | Depth Set | No. Sacks Cement | Calculated Cement Tops |
|-------------------|-------------|-----------|-----------|------------------|------------------------|
| Surface Casing | | | | | |
| Production Casing | | | | | |
| | | | | | |
| Stage Tool | | | | | |

- ☒ **2. Tracer Survey**

Test Date
6-20-82

- ☐ **4. Temperature Survey**

Test Date

- ☐ **3. CBL or equiv.**

Test Date

- ☐ **5. Alternate Test Approved by Director**

(See Rule 327) Attach procedures and logs with report. Procedures subject to review by EPA.

I hereby certify that the statements herein made are true and correct.

Signed **Robert Vachlavic** Title **PRESIDENT** Date **6-26-95**

For State Use:

Approved by **EBB**
Conditions of approval, if any:

Title **Engineer** Date **6-26-95**

COLORADO OIL AND GAS CONSERVATION COMMISSION - UIC FIELD REPORT



FAC# 181 API# 001 06337 0 INSPECTOR Ed Brinkley DATE 6/26/95

WELL NAME PONCHO UNIT 3 TYPE E SITE INSPECTION

FIELD 69770 PONCHO STATUS AC WITNESS MIT X

OPER 71450 PONCHO PRODUCTION CO

LOCATION NESW 34 3.0S 59.0W 6 COMPLETION TYPE TP

MAX PRESS: WTR 1624 PSI GAS PSI DATE LAST INSPECTION 06/22/94 OUTCOME A

LAST REPORTED: WTR 450 GAS 290 PSI 09/94

MIT APPROVAL DATE 01/25/90 DATE LAST MIT 01/11/90

WELL RESTRICTIONS

REMEDIAL ACTION

PERMIT RESTRICTIONS JSND TDS RANGES FROM 6620-10746 PPM

TUBING PRESSURE

ZONE JSND

MIT X INJECTING 1170 PSI

MIT NOT INJECTING PSI

TUBING-CASING ANNULUS 0 PSI

BRAIDENHEAD 0 PSI

TOP 6028

BOT 6084



MECHANICAL INTEGRITY TEST

1123 0 MIN. 355 PSI

5 MIN. 350 PSI

10 MIN. 350 PSI

15 MIN. 350 PSI

MIT
PACKER
DEPTH 5950

PRESS CHANGE -5 PSI

CHART USED - YES NO X

ACCEPTABLE X NOT ACCEPTABLE

REMARKS: MIT approved, EBB

| | | | |
|-------|-------|--------|-------|
| ! ! ! | ! ! ! | CASING | |
| ! ! ! | ! ! ! | SIZE | 8 5/8 |
| ! ! ! | ! ! ! | DEPTH | 101 |
| ! ! ! | ! ! ! | SIZE | 5 1/2 |
| ! ! ! | ! ! ! | DEPTH | 6173 |
| ! ! ! | ! ! ! | SIZE | / |
| ! ! ! | ! ! ! | DEPTH | |
| ! ! ! | ! ! ! | SIZE | / |
| ! ! ! | ! ! ! | DEPTH | |
| ! ! ! | ! ! ! | TUBING | |
| ! ! ! | ! ! ! | SIZE | 2 3/8 |
| ! ! ! | ! ! ! | DEPTH | 5950 |
| ! ! ! | ! ! ! | PACKER | 5950 |
| ! ! ! | ! ! ! | LINER | |
| ! ! ! | ! ! ! | TOP | |
| ! ! ! | ! ! ! | SIZE | / |
| ! ! ! | ! ! ! | DEPTH | |
| ! ! ! | ! ! ! | PBTD | 6140 |
| ! ! ! | ! ! ! | MD | 6175 |