



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

APR 10 1995



MECHANICAL INTEGRITY REPORT

Facility Number	API Number 05-017-06483	Well Name and Number McCormick 31-3 #21
Field Sorrento	Location (1/4 1/4, Sec., Twp., Rng.) NWNE Sec 3 T14S 49W	
Operator UPRC		
Operator Address	City Cheyenne Wells	State CO
Operator's Representative at Test Edward Griebel		Zip Code 767-885

1. If both Part I and Part II are not completed, the mechanical integrity test cannot be approved and will be returned to the operator.
2. Prior to performing any required pressure test, notice must be given to the Commission.
3. A pressure chart must accompany this report, if the pressure test was not witnessed by a state representative.
4. 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 7/8	Tubing Depth 30'	Top Packer Depth	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth 5584.5	Injection Zone(s), name 5658-66	Injection Interval (gross)	
Injected Thru	Test Witnessed by State Rep. <input type="checkbox"/> Perforations <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

B. Casing Test Data

Test Date 03-29-95	Well Status During Pressure Test <input type="checkbox"/> Injecting <input type="checkbox"/> Shut-in <input type="checkbox"/> Open	Date of Last Approved MIT
Starting Casing Press. 370	Final Casing Press.	Pressure Loss or Gain During Test
Initial Tubing Press. 370	Tubing Press.—5 min	Tubing Press.—10 min
	Tubing Press.—15 min	

☐ 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)
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☐ 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
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☐ 4. Temperature Survey

Test Date
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☐ 3. CBL or equiv.

Test Date
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☐ 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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

For State Use:

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Failed test. Took 2 1/2 BPM, No pressure.  
R/D