



00250951

MECHANICAL INTEGRITY REPORT



Facility Number None	API Number 05 075 06540	Well Name and Number Henderson #3
Field Cedar Creek	Location (1/4 1/4, Sec., Twp., Rng.) NE NW Sec. 18-T9N-R53W	
Operator Walsh Production, Inc.		
Operator Address P. O. Box 30	City Sterling	State CO
Operator's Representative at Test Randy Barton		Zip Code 80751
		Area Code Phone Number (970) 522-1839

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 None	Tubing Depth None	Top Packer Depth None	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth 4910'	Injection Zone(s), name D & J Sand	Injection Interval (gross) 4944' - 5144'	
Perforations <input checked="" type="checkbox"/>	Open Hole <input type="checkbox"/>	Test Witnessed by State Rep. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

B. Casing Test Data

Test Date 9-13-96	Well Status During Pressure Test <input type="checkbox"/> Injecting <input checked="" type="checkbox"/> Shut-in <input type="checkbox"/> Open	Date of Last Approved MIT None
Starting Casing Press. 418 psig	Final Casing Press. 398 psig	Pressure Loss or Gain During Test - 20 psig (15 min)
Initial Tubing Press. None	Tubing Press.—5 min None	Tubing Press.—10 min None
		Tubing Press.—15 min None

- 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, 1988)

	Casing Size	Hole Size	Depth Set	No. Sacks Cement	Calculated Cement Tops
Surface Casing	8 5/8"	10 3/4"	132'	125	Surf
Production Casing	5 1/2"	7 7/8"	5156'	200	4100'
Stage Tool					

- | | | | |
|--|-----------|--|-----------|
| <input type="checkbox"/> 2. Tracer Survey | Test Date | <input type="checkbox"/> 4. Temperature Survey | Test Date |
| <input type="checkbox"/> 3. CBL or equiv. | Test Date | <input type="checkbox"/> 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 Armin G. Smith Title Operator Date 9-19-96

For State Use:

Approved by Davis Title SR. PETROLEUM ENGINEER
Conditions of approval, if any: O & G Cons. Comm. Date SEPT 20, 1996