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State of Colorado  
Oil and Gas Conservation Commission



FOR OGCC USE ONLY

Document Number:

Date Received:

Complete the  
Attachment Checklist

Oper OGCC

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

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

MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- An original pressure chart must accompany this report if this test was not witnessed by a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: <u>17180</u>	Contact Name and Telephone <u>Jason Randel</u>
Name of Operator: <u>Citation Oil &amp; Gas Corp</u>	No: <u>(719) 342-3872</u>
Address: <u>14077 Cutten Road</u>	Email: <u>jrandel@cogc.com</u>
City: <u>Houston</u> State: <u>TX</u> Zip: <u>77069</u>	
API Number: <u>05-063-06238</u> OGCC Facility ID Number: <u>213679</u>	
Well/Facility Name: <u>Speaker State</u> Well/Facility Number: <u>43-36 #1</u>	
Location Qtr: <u>NENE</u> Section: <u>36</u> Township: <u>11S</u> Range: <u>51W</u> Meridian: <u>6 PM</u>	

SHUT-IN PRODUCTION WELL  INJECTION WELL

Last MIT Date: 02/01/2019

Test Type:

- Test to Maintain SI/TA status     5-year UIC     Reset Packer  
 Verification of Repairs     Annual UIC Test

Describe Repairs or Other Well Activities: 4.5 Liner & Perfs

<b>Wellbore Data at Time of Test</b>			<b>Casing Test</b> Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.
Injection/Producing Zone(s) <u>Morrow</u>	Perforated Interval: <u>6620-6630</u>	Open Hole Interval: <u>N/A</u>	
			<b>Bridge Plug or Cement Plug Depth</b>

<b>Tubing Casing/Annulus Test</b>			
Tubing Size: <u>2.375"</u>	Tubing Depth: <u>6575'</u>	Top Packer Depth: <u>6575'</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data				
Test Date <u>6/4/24</u>	Well Status During Test <u>SI</u>	Casing Pressure Before Test <u>0 PSI</u>	Initial Tubing Pressure <u>-5" Hg</u>	Final Tubing Pressure <u>-5" Hg</u>
Casing Pressure Start Test <u>370 PSI</u>	Casing Pressure - 5 Min. <u>360 PSI</u>	Casing Pressure - 10 Min. <u>360 PSI</u>	Casing Pressure Final Test <u>360 PSI</u>	Pressure Loss or Gain During Test <u>-10 PSI</u>
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): <u>Brian Welsh</u>		

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

Print Name: Jason Randel

Signed: [Signature] Title: Asst. Production Foreman Date: 6/4/24

OGCC Approval: Brian Welsh Title: Field Inspector Date: 6/4/24

Conditions of Approval, if any:

Form 42 # 403909470  
Insp Doc # 715200329