

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
Department of Natural Resources

00250899



## MECHANICAL INTEGRITY REPORT

Facility Number <b>34</b>	API Number <b>05-075-06543-0</b>	Well Name and Number <b>G.A. HENDERSON #2</b>
Field <b>CEDAR CREEK</b>	Location (1/4, Sec., Twp., Rng.) <b>NW NW SEC 18 T 9 N R 53 W</b>	
Operator <b>TEXACO INC</b>		
Operator Address <b>PO BOX 457</b>	City <b>TRENTON</b>	State <b>NEB</b>
Operator's Representative at Test <b>KEN CRITCHLOW</b>		Zip Code <b>69044</b>
		Area Code Phone Number <b>(308) 334-5525</b>

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. Notice must be given to the Commission prior to performing any required pressure test.
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 <b>2 7/8"</b>	Tubing Depth <b>4800'</b>	Top Packer Depth <b>4800'</b>	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth <b>—</b>	Injection Zone(s), name <b>D-SAND</b>	Injection Interval (gross) <b>4972 to 4984</b>	
Injected Thru <input checked="" type="checkbox"/> Perforations <input type="checkbox"/> Open Hole	Test Witnessed by State Rep. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

## B. Test Data

Test Date <b>4-20-89</b>	Date of Last Approved Mechanical Integrity Test <b>6-26-84</b>		
Starting Test Pressure <b>315 PSI</b>	Final Test Pressure <b>300 PSI</b>	Pressure Loss or Gain During Test <b>-15 PSI</b>	
Tubing Pressure During Test <b>-0-</b>		Well Status During Pressure Test <input type="checkbox"/> Injecting <input checked="" type="checkbox"/> Shut-in <input type="checkbox"/> Open	

- ☐ 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) 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. Sks Cement	Calculated Cement Tops
Surface Casing	8 5/8"	12 1/4"	132'	100	SUR.
Production Casing	5 1/2"	7 7/8"	5151'	300	3765
Stage Tool					

- ☐ 2. Tracer Survey

Test Date
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- ☐ 4. Temperature Survey

Test Date
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- ☐ 3. CBL or equivalent

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 Ken Critchlow Title PUMPER Date 4-20-89

For State Use:

Approved by

Ed D. Mottet

Title

SR. PETROLEUM ENGINEER  
O & G Cons. Comm

Date

APR 24 '89

Conditions of approval, if any:





## COLORADO OIL AND GAS CONSERVATION COMMISSION - UIC FIELD REPORT

FAC# 34 API# 075 06543 0 INSPECTOR L. Robbins DATE 4/20/89

WELL NAME HENDERSON G A 2 TYPE D SITE INSPECTION \_\_\_\_\_

FIELD 10400 CEDAR CREEK STATUS AC WITNESS MIT X

OPER B6904 TEXACO INC

LOCATION NWNW 18 9.0N 53.0W 6

MAX PERMITTED PRESS 1330 PSI DATE LAST INSPECTION 07/28/88 OUTCOME A

LAST REPORTED PRESS PSI 12/88 DATE LAST MIT 06/26/84

WELL RESTRICTIONS

REMEDIAL ACTION

COMPLETION TYPE TP

## TUBING PRESSURE

## ZONE DSND

MIT \_\_\_\_\_ INJECTING \_\_\_\_\_ PSI

MIT X NOT INJECTING 0 PSITUBING-CASING ANNULUS 0 PSI

BRAIDENHEAD \_\_\_\_\_ PSI

TOP 4972  
BOT 4984

## P E R F S

## MECHANICAL INTEGRITY TEST

0 MIN. 315 PSI5 MIN. 305 PSI10 MIN. 300 PSI15 MIN. 300 PSIMIT  
PACKER  
DEPTH \_\_\_\_\_PRESS CHANGE -15 PSICHART USED - YES \_\_\_\_\_ NO XACCEPTABLE X NOT ACCEPTABLE \_\_\_\_\_REMARKS: Pressured backside to  
315 psi for test. Lost 15 psi  
over 15 minute interval.Held OK, passed test.J. RobbinsCASING  
SIZE 8 5/8  
DEPTH 132SIZE 5 1/2  
DEPTH 5151SIZE /  
DEPTHSIZE /  
DEPTH

PACKER 4800

LINER  
TOP  
SIZE /  
DEPTHPBTVD 5130  
TVD