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

**MECHANICAL INTEGRITY REPORT**

Facility Number <b>34</b>	API Number <b>05-075-06543</b>	Well Name and Number <b>HENDERSON A-2</b>	
Field <b>LEADER CREEK</b>	Location (1/4 Sec., Twp., Rng.) <b>NW NW 18 - 9N - 53W</b>		
Operator <b>WALSH PRODUCTION, INC.</b>			
Operator Address <b>20479</b>	City <b>STERLING</b>	State <b>Col.</b>	Zip Code <b>80751</b>
Operator's Representative at Test <b>SAM GREEN</b>		Area Code Phone Number <b>(303) 522-1839</b>	

- If both Part I and Part II are not completed, the mechanical integrity test cannot be approved and will be returned to the operator.
- Notice must be given to the Commission prior to performing any required pressure test.
- 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 <b>2 3/8"</b>	Tubing Depth <b>5126</b>	Top Packer Depth <b>4800</b>	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth <b>NONE</b>	Injection Zone(s), name <b>"D"</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>6-8-94</b>	Date of Last Approved Mechanical Integrity Test <b>4-20-89</b>		
Starting Test Pressure <b>332 #</b>	Final Test Pressure	Pressure Loss or Gain During Test	
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					
Production Casing					
Stage Tool					

- ☐ **2. Tracer Survey** Test Date
- ☐ **3. CBL or equivalent** Test Date
- ☐ **4. Temperature Survey** 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

Title

Production Foreman

Date

6-8-94

**For State Use:**

Approved by

Title

Engr.

Date

AUG 18 1994

Conditions of approval, if any:



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