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



MECHANICAL INTEGRITY REPORT

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

- 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 2 3/8"	Tubing Depth 5126	Top Packer Depth 4800	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth NONE	Injection Zone(s), name "D"	Injection Interval (gross) 4972 to 4984	
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 6-8-94	Date of Last Approved Mechanical Integrity Test 4-20-89		
Starting Test Pressure 332#	Final Test Pressure	Pressure Loss or Gain During Test	
Tubing Pressure During Test 0#	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** **4. Temperature Survey**
- 3. CBL or equivalent** **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 [Signature] Title PRODUCTION FORE. Date 6-8-94

For State Use:

Approved by R. VanSickle Title Engr. Date _____
Conditions of approval, if any:

AUG 18 1994



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