

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



MECHANICAL INTEGRITY REPORT

Facility Number 35	API Number 05-075-06506-0	Well Name and Number G.A. HENDERSON # 6
Field CEDAR CREEK	Location (1/4, Sec., Twp., Rng.) NE5W SEC 18 T9N R53W	
Operator TEXACO INC		
Operator Address P.O. Box 457	City TRENTON	State NEB
Operator's Representative at Test KEN CRITCHLOW	Area Code (308)	Phone Number 334-5525
Zip Code 69044		

- 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 4777'	Top Packer Depth 4777'	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth —	Injection Zone(s), name SAND	Injection Interval (gross) 5089 to 5094	
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 4-20-89	Date of Last Approved Mechanical Integrity Test 7-10-84	
Starting Test Pressure 325 PSI	Final Test Pressure 325 PSI	Pressure Loss or Gain During Test 0 PSI
Tubing Pressure During Test -0- (UAC)	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 **4-18-89**
- 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 CD DiMatta Title SR. PETROLEUM ENGINEER Date APR 24 89
O & G Cons. Comm

Conditions of approval, if any:



COLORADO OIL AND GAS CONSERVATION COMMISSION - UIC FIELD REPORT

FAC# 35 API# 075 06506 0 INSPECTOR L. Robbins DATE 4/20/89

WELL NAME HENDERSON G A 6 TYPE D SITE INSPECTION _____

FIELD 10400 CEDAR CREEK STATUS AC WITNESS MIT X

OPER 86904 TEXACO INC

LOCATION NESW 18 9.0N 53.0W 6

MAX PERMITTED PRESS 1360 PSI DATE LAST INSPECTION 07/28/88 OUTCOME A

LAST REPORTED PRESS PSI 12/88 DATE LAST MIT 07/10/84

WELL RESTRICTIONS

REMEDIAL ACTION

COMPLETION TYPE TP

J Snd

TUBING PRESSURE

ZONE ~~DSND~~

MIT _____ INJECTING _____ PSI

P E R F S

MIT X NOT INJECTING 0 (VAC) PSI

TOP 5089
BOT 5094

TUBING-CASING ANNULUS 0 PSI

BRAIDENHEAD _____ PSI

MECHANICAL INTEGRITY TEST

CASING
SIZE 8 5/8
DEPTH 132

0 MIN. 325 PSI

5 MIN. 325 PSI

MIT
PACKER
DEPTH _____

SIZE 5 1/2
DEPTH 5140

10 MIN. 325 PSI

15 MIN. 325 PSI

SIZE /
DEPTH

PRESS CHANGE 0 PSI

SIZE /
DEPTH

CHART USED - YES _____ NO X

ACCEPTABLE X NOT ACCEPTABLE _____

PACKER 4777

REMARKS: No loss of pressure
over 15 minute interval.
Passed test. J. Robbins

LINER
TOP
SIZE /
DEPTH

PBTVD 5097
TVD