



00250859

MCHANICAL INTEGRITY REPORT

Facility Number <u>35</u>	API Number <u>05-075-06506</u>	Well Name and Number <u>HENDERSON G A #6</u>
Field <u>LEADER CREEK</u>	Location (1/4 1/4, Sec., Twp., Rng.) <u>NE SW 18-9N-53W</u>	
Operator <u>WALSH PRODUCTION, INC.</u>		
Operator Address <u>Box 30</u>	City <u>STERLING</u>	State <u>CO.</u>
Operator's Representative at Test <u>SAM GREEN</u>	Zip Code <u>80751</u>	
	Area Code	Phone Number
	<u>(303)</u>	<u>522-1839</u>

- If both Part I and Part II are not completed, the mechanical integrity test cannot be approved and will be returned to the operator.
- Prior to performing any required pressure test, notice must be given to the Commission.
- 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 <u>2 3/8"</u>	Tubing Depth <u>5117</u>	Top Packer Depth <u>4777</u>	Multiple Packers Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bridge Plug Depth <u>NONE</u>	Injection Zone(s), name <u>"J"</u>	Injection Interval (gross) <u>5089-5094</u>	
Injected Thru <input checked="" type="checkbox"/> Perforations <input type="checkbox"/> Open Hole	Test Witnessed by State Rep. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

B. Casing Test Data

Test Date <u>6-8-94</u>	Well Status During Pressure Test Injecting <input type="checkbox"/> Shut-in <input checked="" type="checkbox"/> Open <input type="checkbox"/>	Date of Last Approved MIT <u>4-20-89</u>
Starting Casing Press. <u>482#</u>	Final Casing Press.	Pressure Loss or Gain During Test
Initial Tubing Press. <u>0#</u>	Tubing Press.-5 min <u>0#</u>	Tubing Press.-10 min <u>0#</u>
		Tubing Press.-15 min <u>0#</u>

- 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 options) 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. Sacks Cement	Calculated Cement Tops
Surface Casing					
Production Casing					
Stage Tool					

- 2. Tracer Survey**

Test Date
3-30-84

- 4. Temperature Survey**

Test Date
4-18-84

- 3. CBL or equiv.**

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 [Signature]

Title PRODUCTION FORE.

Date 6-8-94

For State Use:

Approved by [Signature]
Conditions of approval, if any:

Title Engnr.

Date 8-19-94