

COLORADO OIL AND GAS CONSERVATION COMMISSION - UIC FIELD REPORT

UIC

FAC# 56 API# 009 06028 0 INSPECTOR L. Robbins DATE 11/10/93  
 WELL NAME MAYBERRY SWD 2 TYPE D SITE INSPECTION \_\_\_\_\_  
 FIELD 33250 GREENWOOD STATUS AC WITNESS MIT X  
 OPER 57170 MIDWESTERN EXPL CO



LOCATION SWNW 10 34.0S 41.0W 6 COMPLETION TYPE TP  
 MAX PRESS: WTR 270 PSI GAS PSI DATE LAST INSPECTION 11/04/92 OUTCOME N  
 LAST REPORTED: WTR 24383 GAS PSI 07/93  
 MIT APPROVAL DATE 04/21/93 DATE LAST MIT 11/23/92  
 WELL RESTRICTIONS MIT REQUIRED AT 93/94 INSPECTION TO VERIFY REPAIRS  
 REMEDIAL ACTION 11/4/92 FLD MIT, CSG LK, CEMENTED NEW CSG STRG AND TESTED 11/  
 PERMIT RESTRICTIONS COMPLETED IN SURFACE CSG WITH BRPLG AT BOTTOM

TUBING PRESSURE ZONE GLRT  
 MIT X INJECTING 9" Hg (VAC) PSI  
 MIT \_\_\_\_\_ NOT INJECTING \_\_\_\_\_ PSI  
 TUBING-CASING ANNULUS 0 PSI  
 BRAIDENHEAD 0 PSI

P E R F S

TOP 922  
 BOT 1070

MECHANICAL INTEGRITY TEST

0 MIN. 370 PSI  
 5 MIN. 365 PSI 6" Hg (VAC) MIT  
 10 MIN. 365 PSI 5" Hg (VAC) Packer DEPTH  
 15 MIN. 365 PSI 5" Hg (VAC)

PRESS CHANGE -5 PSI  
 CHART USED - YES \_\_\_\_\_ NO X

ACCEPTABLE X NOT ACCEPTABLE \_\_\_\_\_

REMARKS: Backside <sup>2</sup> bradenhead were  
prior to test. Pressured  
backside to 370 psi for test.  
Lost 5 psi after 15 minutes.  
Held OK, passed test. f. Robbins

CASING  
 SIZE 8 5/8  
 DEPTH 1327  
 SIZE 5 1/2  
 DEPTH 844  
 SIZE /  
 DEPTH /  
 SIZE /  
 DEPTH /  
 TUBING  
 SIZE 2 7/8  
 DEPTH 815  
 PACKER 815  
 LINER  
 TOP  
 SIZE /  
 DEPTH /  
 PBTD 1243  
 MD 4500



STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES



MECHANICAL INTEGRITY REPORT

Facility Number <b>56</b>	API Number <b>05-009-06028-0</b>	Well Name and Number <b>MAYberry SWD #2</b>
Field <b>Greenwood</b>	Location (1/4 1/4, Sec., Twp., Rng.) <b>SW/NW Sec 10 - T-34S - R-4W</b>	
Operator <b>Midwestern Expl. Co.</b>		
Operator Address <b>P.O. Box 1884</b>	City <b>Liberal</b>	State <b>KS</b>
Operator's Representative at Test <b>Keith Hill</b>	Zip Code <b>67905</b>	
	Area Code Phone Number <b>(316) 624-0156</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. Prior to performing any required pressure test, notice must be given to the Commission.
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>815'</b>	Top Packer Depth <b>815'</b>	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth <b>1243</b>	Injection Zone(s), name <b>Glorietta</b>		Injection Interval (gross) <b>922 - 1090</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. Casing Test Data**

Test Date <b>11-10-93</b>	Well Status During Pressure Test <input checked="" type="checkbox"/> Injecting <input type="checkbox"/> Shut-in <input type="checkbox"/> Open	Date of Last Approved MIT <b>11-23-92</b>
Starting Casing Press. <b>370 PSI</b>	Final Casing Press. <b>365 PSI</b>	Pressure Loss or Gain During Test <b>-5 PSI</b>
Initial Tubing Press. <b>9" Hg (VAC)</b>	Tubing Press.—5 min <b>6" Hg (VAC)</b>	Tubing Press.—10 min <b>5" Hg (VAC)</b>
	Tubing Press.—15 min <b>5" Hg (VAC)</b>	

- ☐ **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	<b>8 5/8"</b>	<b>12 1/4"</b>	<b>13 27'</b>	<b>560 SX.</b>	<b>SURFACE</b>
Production Casing	<b>5 1/2"</b>	<b>8 5/8"</b>	<b>844'</b>	<b>110 SX.</b>	<b>SURFACE</b>
Stage Tool					

- ☐ **2. Tracer Survey**

Test Date
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- ☐ **4. Temperature Survey**

Test Date
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- ☐ **3. CBL or equiv.**

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

*Keith Hill*

Title

*AgWT*

Date

**11-10-93**

For State Use:

Approved by

*CD A. Matas*

Conditions of approval, if any:

Title

**SR. PETROLEUM ENGINEER  
O & G Cons. Comm.**

Date

**NOV 15 1993**