

STATE OF COLORADO  
Oil & Gas Conservation Commission



RECEIVED

Well Integrity Report

FEB 3 1986

Disposal Well

Enhanced Recovery Well

Other

Farm or Lease Name Westfork

Well No. 12

Field Westfork

SE 1/4 SE 1/4 Section 24 Township 3S Range 56W

Operator Berry Energy, Inc.

Address of Operator 1019 8th Street, Suite 301, Golden, CO 80401

Operator's Rep. at Test V. J. Price

Phnoe No. 386-2351 Address Box 224, Woodrow, CO 80757

BOTH PART I AND PART II NEED TO BE COMPLETED BEFORE WELL INTEGRITY REPORT IS SUBMITTED.

Part I Choose one of the following: (Attach pertinent charts and documentation)

[1] Tubing - Casing Annulus Pressure Test Test Date 8/7/85

yes  no   
  Prior notice given to Commission of test  
  Commission representative at test

No Test run after January 1, 1984 will be accepted without prior notification of the Commission.  
A pressure chart is required for any test not witnessed by a state representative.

Test Data:

Test Pressure 325 330 psi  
Tubing Pressure during Test 0 (VAC) psi Status:  Injecting  Shut-In  
Pressure drop or gain during Test -25 psi  
Packer depth 4850 ft.  
Injection Interval 4953 ft. to 4951 ft.

Pressure Test should be a minimum of 15 minutes at 300 psi or minimum injection pressure, whichever is greater.

[2] Monitoring Tubing-Casing Annulus Pressure (Must have positive pressure and be reported monthly on Form 14 for 60 consecutive months)

Date of initial pressure test \_\_\_\_\_  
Test Pressure \_\_\_\_\_ psi

[3] Alternate Test Approved by Director

Date Approved \_\_\_\_\_ Test Date \_\_\_\_\_

Part II Choose one of the following: (Attach pertinent charts and records)

1. Cementing Records  
size depth

	size	depth	no. sks cement	calculated cement tops
Surface casing	<u>9 5/8"</u>	<u>181.72'</u>	<u>100</u>	<u>Surface</u>
Production casing	<u>5 1/2"</u>	<u>5000'</u>	<u>175</u>	<u>3920</u>

Used 12 1/4" for surface & 7 1/8" for long string JFC

- 2. Tracer Survey Test Date \_\_\_\_\_
- 3. Sonic Logs (CBL, etc.) Test Date \_\_\_\_\_
- 4. Temperature Survey Test Date \_\_\_\_\_
- 5. Alternate Test Approved by Director  
Date Approved \_\_\_\_\_ Test Date \_\_\_\_\_

I hereby certify that the results of these test are true and correct.

Signed Gary F Chavez Title President Date 1/31/86

FOR STATE OFFICE USE

Approved by: William Smith Title DIRECTOR O. & G. Cons. Comm.  
Date FEB 11 1986

Conditions of Approval, if Any: