



00261240

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

*Will be
plugged &
(sealed)
A.R. Powell*

MIT for Shut In Well

MECHANICAL INTEGRITY REPORT

RECEIVED
JUL 25 1995

Facility Number <i>N/A</i>	API Number <i>115 06045</i>	Well Name and Number <i>State #4-12</i>
Field <i>North Marks Butte</i>	Location (1/4, Sec., Twp., Rng.) <i>SW 12-10N-47W</i>	
Operator <i>Headington Oil Company</i>		
Operator Address <i>7114 W. Jefferson Ave</i>	City <i>Denver</i>	State <i>CO</i>
Operator's Representative at Test <i>Bo Vaughn</i>	Area Code <i>802</i>	Phone Number <i>355-80235</i>
		Phone Number <i>(970) 848-2321</i>

- 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 <i>4" Casing</i>	Tubing Depth	Top Packer Depth	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth <i>4779</i>	Injection Zone(s), name <i>PBTD Annul</i>	Injection Interval (gross) to	
Injected Thru <input type="checkbox"/> Perforations <input type="checkbox"/> Open Hole	Test Witnessed by State Rep. <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Test Data

Test Date <i>6-13-95</i>	Date of Last Approved Mechanical Integrity Test <i>N/A</i>	
Starting Test Pressure <i>180</i>	Final Test Pressure <i>0</i>	Pressure Loss or Gain During Test <i>180 - Failed / would not Hold Pressure</i>
Tubing Pressure During Test <i>N/A</i>	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 _____
- 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 *A.R. Powell* Title *Dir Mgr.* Date *7/22/95*

For State Use:

Approved by *Not* Title _____ Date _____

Conditions of approval, if any: