

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109



## MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 15 minutes.
2. An original pressure chart must accompany this report if this test was not witnessed by a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be a minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
6. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
7. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
8. OGCC notification must be provided 10 days prior to the test via Form 42.
9. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

|   |  |                                   |  |
|---|--|-----------------------------------|--|
| <b>OGCC Operator Number:</b> 10203                                |  | <b>Contact Name and Telephone</b> |  |
| Name of Operator: BLACKRAVEN ENERGY                               |  | BILLY HATAWAY                     |  |
| Address: 165 S UNION BLVD SUITE 410                               |  | No: (307) 752-5490                |  |
| City: LAKEWOOD State: CO Zip: 80228                               |  | Email: bhataway@enerjexresources  |  |
| API Number: 05-087-05100  |  | Well/Facility ID Number:          |  |
| Well/Facility Name: Glenview #7                                   |  | Well/Facility Number:             |  |
| Location QTR: W5E Section: 31 Township: 2 Range: 57 Meridian: 6pm |  | Last MIT Date: <u>Unproven</u>    |  |
| Injection Well  |  | Pressure Chart                    |  |
| Shut-In Production Well   |  | Cement Bond Log                   |  |
| Shut-In Production Well   |  | Tracer Survey                     |  |
| Shut-In Production Well   |  | Temperature Survey                |  |
| Shut-In Production Well   |  | Inspection Number                 |  |

Complete the  
Attachment Checklist

Oper OGCC

FOR OGCC USE ONLY

Document Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## Test Type:

- ☒ Test to Maintain SI/TA status ☐ 5-year UIC ☐ Reset Packer
- ☐ Verification of Repairs ☐ Annual UIC Test

Describe Repairs or Other Well Activities: \_\_\_\_\_

|   |                          |  |                                   |
|---|--------------------------|--|-----------------------------------|
| <b>Wellbore Data at Time of Test</b>  |                          | <b>Casing Test</b>   |                                   |
| Injection/Producing Zone(s)   | Perforated Interval:     | Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth. |                                   |
| j-sand  | 5598-5627                | Bridge Plug or Cement Plug Depth<br>5548   |                                   |
| <b>Tubing Casing/Annulus Test</b>   |                          |  |                                   |
| Tubing Size:  | Tubing Depth:            | Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                   |
| <b>Test Data</b>  |                          |  |                                   |
| Test Date   | Wall Status During Test  | Casing Pressure Before Test  | Final Tubing Pressure             |
| 10-8-15   | 51                       |  |                                   |
| Casing Pressure Start Test  | Casing Pressure - 5 Min. | Casing Pressure Final Test   | Pressure Loss or Gain During Test |
| 365   | 365                      | 360  | -5 pm                             |
| Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |  |                                   |
| OGCC Field Representative (Print Name): _____   |                          |  |                                   |

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: BILLY HATAWAY

Signed: Billy Hataway Title: DIR FIELD OPERATIONS Date: 10-8-15

OGCC Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval, if any: \_\_\_\_\_