



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

RCVD MAR 22 '12

OIL CONS. DIV.

DIST. 3

MECHANICAL INTEGRITY TEST REPORT

(TA OR UIC)

Date of Test 3/22/2012 Operator Coleman Oil + Gas API # 30-0 45-30096

Property Name Cowsearound SWD Well # 1 Location: Unit R Sec 16 Twn 26 Rge 12

Land Type:

State ☒
Federal ☐
Private ☐
Indian ☐

Well Type:

Water Injection ☐
Salt Water Disposal ☒
Gas Injection ☐
Producing Oil/Gas ☐
Pressure observation ☐

Temporarily Abandoned Well (Y/N): _____ TA Expires: _____

Casing Pres. 0
Crownhead Pres. 8
Tubing Pres. 280
Int. Casing Pres. NA

Tbg. SI Pres. _____
Tbg. Inj. Pres. _____

Max. Inj. Pres. _____

Pressured annulus up to 560 psi. for 30 mins. Test passed/failed

REMARKS: Start from 0 psi, 1000 lbs spring, 1 hr shut + clock, 5 min 560 psi
0 BH, 10 min 562 psi BH 0, 15 min 565 psi BH 0, 20 min 565 psi
0 BH, 25 min 567 psi BH 0, 30 min 570 psi BH 0, back to 0 psi
end tubing pressure 170 psi, rise in pressure believed to be from increasing
temperature, loaded casing w/ water 24 hrs prior to testing

By [Signature]
(Operator Representative)

Witness [Signature]
(NMOCD)

[Signature]
(Position)
41 Four Corner testing

Revised 02-11-02

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)		WELL API NO. 30-045-30096
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Coleman Oil & Gas, Inc.		6. State Oil & Gas Lease No. VA-235
3. Address of Operator P.O. Drawer 3337		7. Lease Name or Unit Agreement Name Cowsaround SWD
4. Well Location Unit Letter K : 2220 feet from the South line and 1680 feet from the West line Section 16 Township 26N Range 12W NMPM San Juan County		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6016 GR		9. OGRID Number 00438
		10. Pool name or Wildcat SWD; Blanco Mesa Verde

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Mechanical Integrity Test (MIT) <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Attached is the chart recorded during the Mechanical Integrity Test (MIT) for the Cowsaround SWD # 1. Test was performed by third party tester and was witnessed by Jonathan Kelly with Aztec OCD and Bruce Taylor with Coleman Oil & Gas, Inc. Tubing Casing Annulus was tested to 560 psig for 30 minutes. Pressure test held and passed.

RCVD MAR 27 '12
OIL CONS. DIV.
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Spud Date: February 28, 2000

Rig Release Date: March 03, 2000

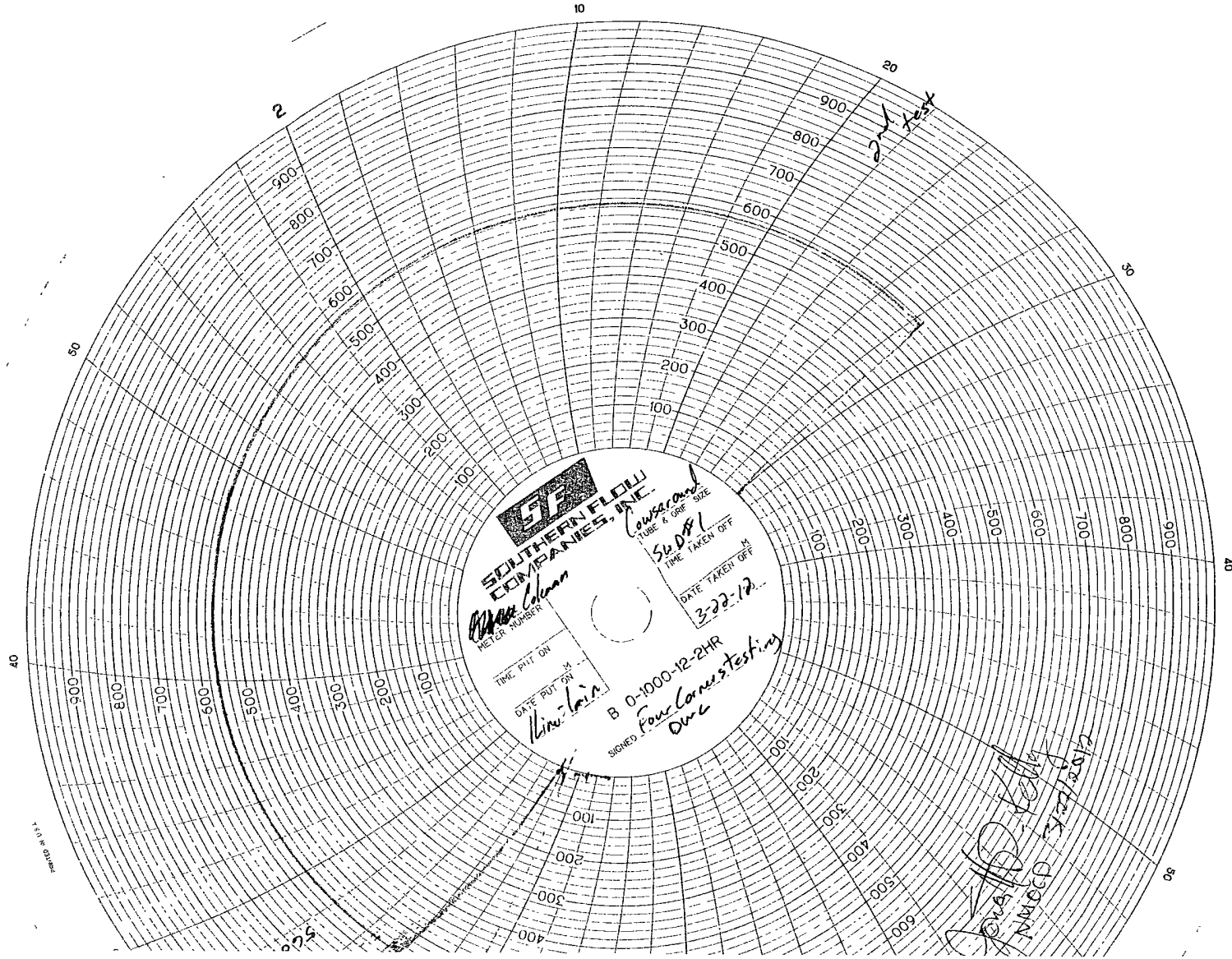
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Michael T. Hanson TITLE: Operations Engineer DATE: March 26, 2012

Type or print name: Michael T. Hanson E-mail address: mhanson@cog-fmn.com PHONE: (505) 327-0356

For State Use Only

APPROVED BY: Deputy Oil & Gas Inspector, TITLE: Deputy Oil & Gas Inspector, DATE: 3/30/12
Conditions of Approval (if any): A District #3



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