

TEST DATE

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000-2000

Oklahoma City, Oklahoma 73152-2000

Form 1075
REV.01/09

Mechanical Integrity Test

OAC 165:10-5-6(d)(1)

| | | | |
|----------|-------|-----|-------------|
| Operator | | | OTC/OCC No. |
| Address | | | Phone No. |
| City | State | Zip | FAX No. |

Test Type: Initial Retest Change of Operator

Well Type: COMMERCIAL Noncommercial Disposal Injector

| | | | |
|--------------------------------------|-------------------|--------------------|--------------------|
| Authorizing OCC Order No. | Additional Orders | | |
| Well Name & Number | API | Lat ° ' " | Long ° ' " |
| Location 1/4 1/4 1/4 1/4 | Sec | Twp | Rge County |
| Unit Name | | | Unit Order No. |

REWORK PRIOR TO TEST? EXPLAIN Yes No

PRESSURE TEST PASS FAIL Csg/Tbg Annulus Tested? Yes No

| | | | |
|-------------------------------|----------------------------|----------------------------|----------------------|
| Surf. Csg. Press. Before Test | Tbg. Press. Before Test | Annulus Press. Before Test | Flow-back Volume |
| Max. Press. Per OCC Order | Packer Depth Per OCC Order | Actual Packer Depth | Estimated Pkr. Depth |

| | | | |
|----------------------|--------------------|---------------------------------------|---|
| STARTING TEST PRESS. | ENDING TEST PRESS. | Positive Annulus Pressure Monitoring? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------|--------------------|---------------------------------------|---|

WELL SHUT DOWN? Yes No REASON _____

Alternative Testing Procedure Authorized by OCC Order No. _____

| | |
|--|--|
| Tracer Survey <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Casing Patched or Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fluid Level <input type="checkbox"/> Pass <input type="checkbox"/> Fail | |
| Tubing Pressure <input type="checkbox"/> Pass <input type="checkbox"/> Fail | If Yes Type <input type="checkbox"/> Mechanical Casing Patch <input type="checkbox"/> Cement Squeeze <input type="checkbox"/> Remedial Fluid |
| Fluid Depression <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Describe _____ |

I, the undersigned, am employed by _____ and am authorized to make this report. This report was prepared under my supervision and all facts stated herein are true, correct and complete under penalty of applicable rules, regulations and statutes.

Signature of Company Representative

- I Have Witnessed the performance of the Mechanical Integrity Test shown above and certify the data shown above to be true, correct & complete.
- I Did Not Witness the performance of the Mechanical Integrity Test, the facts provided by the operator are believed to be True & Correct.

Signature of OCC Field Representative