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FORM 21 Rev 6/99

State of Colorado Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

MECHANICAL INTEGRITY TEST

Complete the Attachment Checklist

	OGCC	Operator
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

- Duration of the pressure test must be a minimum of 15 minutes.
- A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
- For production wells, test pressures must be at a minimum of 300 psig.
- For injection wells, test pressures must be at 300 psig or minimum injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a. (1) B. or C.
- OGCC notification must be provided prior to the test.
- Packers or bridge plugs, etc., must be set within 250 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: <u>10112</u>	Contact Name and Telephone
Name of Operator: <u>Foundation Energy Management, LLC</u>	<u>Tanner Bishop</u>
Address: <u>16000 North Dalles Parkway, Suite 875</u>	No: <u>970-629-9612</u>
City: <u>Dallas</u> State: <u>TX</u> zip: <u>75248</u>	Fax: <u>970-675-2036</u>
API Number: <u>05-163-09000</u> Field Name: <u>Baxter Pass</u> Field Number: <u>5700</u>	
Well Name: <u>Columbine Springs Fed</u> Number: <u>#-11-4-104</u>	
Location (Qtr, Sec, Twp, Rng, Meridian): <u>SE NW 11 45 104 W 6 PM</u>	

SHUT-IN PRODUCTION WELL INJECTION WELL Facility No.: _____

Part I Pressure Test

5-Year UIC Test Test to Maintain S/TA Status Reset Packer

Verification of Repairs Tubing/Packer Leak Casing Leak Other (Describe): _____

Describe Repairs: _____

NA - Not Applicable	Wellbore Data at Time Test	
Injection/Producing Zone(s)	Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input type="checkbox"/> NA
<u>Sego Castlegate</u>	<u>2436-2760</u>	

Casing Test <input type="checkbox"/> NA
Use when perforations or open hole is isolated by bridge plug or cement plug
Bridge Plug or Cement Plug Depth

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size: <u>2.875</u>	Tubing Depth: <u>2389</u>	Top Packer Depth: <u>2390</u>	Multiple Packers? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Test Data					
Test Date: <u>2-21-13</u>	Well Status During Test: <u>IS</u>	Date of Last Approved MIT: <u>7-18-07</u>	Casing Pressure Before Test: <u>0</u>	Initial Tubing Pressure: <u>620</u>	Final Tubing Pressure: <u>620</u>
Starting Casing Test Pressure: <u>800</u>	Casing Pressure - 5 Min.: <u>800</u>	Casing Pressure - 10 Min.: <u>800</u>	Final Casing Test Pressure: <u>800</u>	Pressure Loss or Gain During Test: <u>-0</u>	

Test Witnessed by State Representative? YES NO

OGCC Field Representative: Chuck Browning

Part II Wellbore Channel Test Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

Tracer Survey Run Date: _____

CBL or Equivalent Run Date: _____

Temperature Survey Run Date: _____

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

Print Name: Tanner L Bishop

Signed: Tanner L Bishop Title: Operations Foreman Date: 2/21/13

OGCC Approval: Chuck Browning Title: NW Insp Date: 2/21/13

Conditions of Approval, if any: _____