

FORM
21
Rev. 6-00

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

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

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

Complete the Attachment Checklist

	OGCC	OGCC
Pressure Chart	<input checked="" type="checkbox"/>	
Cement Bond Log		
Tracer Survey		
Temperature Survey		

OGCC Operator Number: <u>10084</u>		Contact Name and Telephone	
Name of Operator: <u>PIONEER NATURAL RESOURCES</u>		<u>JUDY GLINISTY</u>	
Address: <u>1401 17th ST SUITE 1200</u>		No: <u>303-675-2658</u>	
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Fax: <u>303-294-1275</u>	
API Number: <u>0507109783</u>		Field Name: <u>PURGATORIE RIVER</u> Field Number: <u>77780</u>	
Well Name: <u>HAPPY</u>		Number: <u>13-28</u>	
Location (Qtr/Sec. Twp. Rng. Meridian): <u>N1/4SW-28-32.5-67W</u>			

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

Part I Pressure Test

- ☐ 5-Year UIC Test ☐ Test to Maintain SI/TA Status ☐ Reset Packer
☐ Verification of Repairs ☐ Tubing/Packer Leak ☐ Casing Leak ☒ Other (Describe): PRESSURE OBSERVATION

Describe Repairs: _____

NA - Not Applicable		Wellbore Data at Time Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s)		Perforated Interval: <input type="checkbox"/> NA Open Hole Interval: <input checked="" type="checkbox"/> NA		Use when perforations or open hole is isolated by bridge plug or cement plug	
<u>VRHJ-VERMEJO</u>		<u>2489'-2637'</u>		Bridge Plug or Cement Plug Depth	
				<u>RETAINER @ 2450</u>	
Tubing Casing/Annulus Test <input checked="" type="checkbox"/> NA					
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>7/11/13</u>	<u>SI</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
<u>0-600</u>	<u>600</u>	<u>600</u>	<u>580</u>	<u>-20</u>	
Test Witnessed by State Representative? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			OGCC Field Representative: _____		

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: Stanley Starnes

Signed: Stanley Starnes

Title: Artificial Lift Tech

Date: 2-11-13

OGCC Approval: _____

Title: _____

Date: _____

Conditions of Approval, if any: _____