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FORM
21
Rev 3/13

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

OGCC Operator Number: 49100		Contact Name and Telephone
Name of Operator: Koch Exploration Company, LLC.		Doug Howard
Address: 950 17th Street Suite 1900		No: (303) 325-2562
City: Denver	State: CO	Zip: 80202
		Email: howard4d@kochind.com
API Number: 03-103-11961	Field Name: White River Dome	Field Number: 92800
Well Name: AHW Wyatt		Number: 25-43SWD
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE Sec 25, T-2n, R-97W		

Complete the
Attachment Checklist

Oper. OGCC

Pressure Chart	<input checked="" type="checkbox"/>	
Cement Bond Log	<input type="checkbox"/>	
Tracer Survey	<input type="checkbox"/>	
Temperature Survey	<input type="checkbox"/>	
Other Report 1	<input type="checkbox"/>	
Other Report 2	<input type="checkbox"/>	

☐ SHUT-IN PRODUCTION WELL

☒ INJECTION WELL

Facility No.:

Part I. Pressure Test

☒ 5-Year UIC Test

☐ Verification of Repairs

☐ Test to Maintain SI/TA Status

☐ Tubing/Packer Leak

☐ Reset Packer

☐ Casing Leak

☐ Other (Describe):

Describe Repairs:

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s)		Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug	
Ohio Creek		3034' to 3232'		Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?		
2-7/8"	2967.51'	2967.51'	<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
10/30/2013	SI	1st Test, new well	0 PSI	0 PSI	0 PSI
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
1017 PSI	1012 PSI	1010 PSI	1009 PSI	-8 PSI	
Test Witnessed by State Representative?			OGCC Field Representative (Print Name):		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Emily Waldron		

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

☒ CBL or Equivalent

☐ Temperature Survey

Run Date:

Run Date: 10/19/2013

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:

Signed:

Title:

Date: 10-30-2013

OGCC Approval:

Title:

Date: 10-30-2013

Conditions of Approval, if any:

Copy / not original
Emily Waldron has it OGCC