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FOR OGCC USE ONLY

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

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.

Complete the
Attachment Checklist

OGCC Operator Number: 16700	Contact Name and Telephone
Name of Operator: Chevron U.S.A. Inc.	Diane L Peterson
Address: 100 Chevron Road	No: (970) 675-3842
City: Rangely State: CO Zip: 81648	Email: dlpe@chevron.com
API Number: 05-103-05825	Field Name: Rangely Weber Sand Unit
Well Name: GRAY B	Field Number: 72370
Location (Qtr, Sec, Twp, Rng, Meridian): SESE Section 12, T2N, R102W, 6TH P.M.	

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

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL

Facility No.: 150200

Part I. Pressure Test

- | | | |
|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> 5-Year UIC Test | <input checked="" type="checkbox"/> Test to Maintain SI/TA Status | <input type="checkbox"/> Reset Packer |
| <input type="checkbox"/> Verification of Repairs | <input type="checkbox"/> Tubing/Packer Leak | <input type="checkbox"/> Casing Leak |
| <input type="checkbox"/> 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 checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug
Weber Formation	Open Hole Interval: <input type="checkbox"/> NA	Bridge Plug or Cement Plug Depth
6487-6785'		
Tubing Casing/Annulus Test <input type="checkbox"/> NA		
Tubing Size: 2 7/8"	Tubing Depth: 6294.86'	Top Packer Depth: 6279.4'
Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data		
Test Date: 4/22/14	Well Status During Test: SHUT IN	Date of Last Approved MIT: 11/20/2009
Starting Casing Test Pressure: 350	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.
Final Casing Pressure: 350		Pressure Loss or Gain During Test: 0
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): David Covington

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.

<input type="checkbox"/> Tracer Survey	<input type="checkbox"/> CBL or Equivalent	<input type="checkbox"/> Temperature Survey
Run Date:	Run Date:	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: Diane L Peterson

Signed: *Diane L Peterson* Title: Regulatory Specialist

Date: 4/22/14

OGCC Approval: *David Covington* Title: Field Inspector

Date: 4/22/14

Conditions of Approval, if any: