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FOR OGCC USE ONLY

FORM  
21  
Rev 3/13State 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 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: 05-103-05697 Field Name: Rangely Weber Sand Unit Field Number: 72370  
Well Name: RIGBY Number: 1  
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE Section 24, T2N, R103W, 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 WELLFacility No.: 150200

## 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): \_\_\_\_\_

Describe Repairs: \_\_\_\_\_

CORRECTED PACKER DEPTH: \_\_\_\_\_

NA - Not Applicable Wellbore Data at Time of Test

Injection/Producing Zone(s)

Perforated Interval: ☐ NAOpen Hole Interval: ☒ NA

Weber Formation

5800-6525'

Casing Test ☐ NAUse when perforations or open hole is  
isolated by bridge plug or cement plug  
Bridge Plug or Cement Plug Depth

## Tubing Casing/Annulus Test

☐ NA

Tubing Size:

2 7/8"

Tubing Depth:

5774'

Top Packer Depth:

5736'

Multiple Packers?

☒ Yes☐ No

## Test Data

Test Date

Well Status During Test

Date of Last Approved MIT

Casing Pressure Before Test

Initial Tubing Pressure

Final Tubing Pressure

Starting Casing Test Pressure

350

Casing Pressure - 5 Min.

Casing Pressure - 10 Min.

Final Casing Pressure

Pressure Loss or Gain During Test

Test Witnessed by State Representative?

☒ Yes☐ 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.

☐ Tracer Survey☐ CBL or Equivalent☐ 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 PetersonSigned: Diane L PetersonTitle: Regulatory SpecialistDate: 4/25/14OGCC Approval: [Signature]Title: Field InspectorDate: 4/25/14

Conditions of Approval, if any:

4/25/14  
Produced