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**State of Colorado**  
**Oil and Gas Conservation Commission**

FORM  
21  
Rev 3/13



1120 Lincoln Street, Suite 601, Denver, Colorado 80202 (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.

- 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 a at minimum of 300 psig.
- Injection well tests must be witnessed by an OGCC representative.
- New injection wells must be tested to maximum required injection pressure.
- For injection wells, test pressures must be at least 300 psig or average 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 10 days prior to the test via Form 42.
- 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: 95820	Contact Name and Telephone D. Scott Stapp	<table border="1"> <tr><td>Pressure Chart</td><td></td><td></td></tr> <tr><td>Cement Bond Log</td><td></td><td></td></tr> <tr><td>Tracer Surveys</td><td></td><td></td></tr> <tr><td>Temperature Surveys</td><td></td><td></td></tr> <tr><td>Other Report 1</td><td></td><td></td></tr> <tr><td>Other Report 2</td><td></td><td></td></tr> </table>	Pressure Chart			Cement Bond Log			Tracer Surveys			Temperature Surveys			Other Report 1			Other Report 2		
Pressure Chart																				
Cement Bond Log																				
Tracer Surveys																				
Temperature Surveys																				
Other Report 1																				
Other Report 2																				
Name of Operator: Western Operating Company	No: (303) 893-2432																			
Address: 518 17th Street, Suite 200	Email: scott@westernoperating.com																			
City: Denver State: CO Zip: 80202																				
API Number: 05-121-6734	Field Name: Rago North	Field Number: 71850																		
Well Name: Forbes	Number: 2																			
Location (BTR/QM, Ser, Top, Ring, Meridian): SWNE Sec. 23-1N-54W																				

SHUT-IN PRODUCTION WELL  INJECTION WELL Facility No.: 2

**Part I. Pressure Test**

5-Year LIC Test  Test to Maintain SI/TA Status  Reset Packer  
 Verification of Repairs  Tubing/Packer Leak  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) <b>J Sand</b>	Perforated Interval: <input type="checkbox"/> NA <input checked="" type="checkbox"/> 5048-64	Open Hole Interval: <input checked="" 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: 2 7/8	Tubing Depth: 4996	Top Packer Depth: 4983	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date: 4/29/14	Well Status During Test: IS	Date of Last Approved MIT: 3/20/14	Casing Pressure Before Test: 0	Initial Tubing Pressure: 0450
Starting Casing Test Pressure: 360	Casing Pressure - 5 Min: 310	Casing Pressure - 20 Min: 310	Final Casing Pressure: 340	Pressure Loss or Gain During Test: 150
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): Susan Sherman		

**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"/> CBI 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: D. Scott Stapp

Signed: [Signature] Title: Agent Date: 03/26/2014

OGCC Approval: [Signature] Title: Field Inspector Date: 4/29/14

Conditions of Approval, if any: \_\_\_\_\_