



01522087

Click here to reset the form

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.

Complete the Attachment Checklist

OGCC Operator Number: 95620
Contact Name and Telephone: D. Scott Stapp
Name of Operator: Western Operating
Address: 518 17th St. Suite 200
City: Denver State: CO Zip: 80202
API Number: 0512106628 Field Name: Bobcat Field Number: 7045
Well Name: Bobcat D Sand Unit Number: 8
Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE 4 15 56W 6Pm

Attachment Checklist table with columns for Oper and OGCC, and rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Other Report 1, Other Report 2.

[X] SHUT-IN PRODUCTION WELL [ ] INJECTION WELL Facility No.:

Part I. Pressure Test

- [ ] 5-Year UIC Test [X] Test to Maintain SI/TA Status [ ] Reset Packer
[ ] Verification of Repairs [ ] Tubing/Packer Leak [ ] Casing Leak [ ] Other (Describe):

Describe Repairs:

Wellbore Data at Time of Test: Injection/Producing Zone(s) D Sand, Perforated Interval: 5138-5160, Open Hole Interval: [X] NA
Casing Test: [X] NA
Tubing Casing/Annulus Test: [X] NA
Test Data: Test Date 4/29/14, Well Status TA, Date of Last Approved MIT 10-15-2008, Casing Pressure Before Test 0, Initial Tubing Pressure NA, Final Tubing Pressure NA, Starting Casing Test Pressure 300, Casing Pressure - 5 Min. 300, Casing Pressure - 10 Min. 300, Final Casing Pressure 300, Pressure Loss or Gain During Test 0
Test Witnessed by State Representative? [X] Yes [ ] 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.

- [ ] 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: Jim Crumley, Signed: [Signature], Title: Agent for Western Operating, Date: 4/29/14
OGCC Approval: [Signature], Title: Field Inspector, Date: 4/29/14

Conditions of Approval, if any.