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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

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 a 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: 96340		Contact Name and Telephone	
Name of Operator: Wiepking-Fullerton Energy, LLC		Jack Fincham	
Address: 4600 S. Downing St.		No:	
City: Englewood	State: CO	Zip: 80113	Email: fincham4@msn.com
API Number: 05-073-06421-00		Field Name: Great Plains	Field Number: 32756
Well Name: Bubba State		Number: # 1	
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW 20 10S-55W, 6th PM			

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Other Report 1		
Other Report 2		

☒ SHUT-IN PRODUCTION WELL
 ☐ INJECTION WELL

Facility No.: _____

Part I. Pressure Test

- | | | |
|--|---|---------------------------------------|
| <input 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 type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug	
6884-6890				Bridge Plug or Cement Plug Depth	
				6860	
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?		
NA	NA	NA	<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
05/19/2014	TA	10-21-2013	390	NA	NA
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
390	390	380	370	-20	
Test Witnessed by State Representative?			OGCC Field Representative (Print Name):		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			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"/> 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: Tim Herian

Signed: [Signature] Title: agent Date: 5-19-2014OGCC Approval: [Signature] Title: Field Inspector Date: 5/19/14

Conditions of Approval, if any: