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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 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: #100264	Contact Name and Telephone: Bob Percell	Oper	OGCC
Name of Operator: XTO Energy	No: 970-247-7708	Pressure Chart	<input checked="" type="checkbox"/>
Address: 72 Sutter St Suite #J	Email: bob-percell@xtoenergy.com	Cement Bond Log	<input type="checkbox"/>
City: Durango State: CO Zip: 81303		Tracer Survey	<input type="checkbox"/>
API Number: 067-08228 Field Name: Ibanado Blanco Field Number: #38300		Temperature Survey	<input type="checkbox"/>
Well Name: Huber-Burket 4-3 Number: 4-3		Other Report 1	<input type="checkbox"/>
Location (Qtr, Sec, Twp, Rng, Meridian): SESW 3 34N 8W NPM		Other Report 2	<input type="checkbox"/>

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Facility No.:

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:

Well is being Considered AS Future horizontal Candidate

NA - Not Applicable	Wellbore Data at Time of Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s): FRLDC	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	
	1951'-2036'		Bridge Plug or Cement Plug Depth: 1920'	
Tubing Casing/Annulus Test <input type="checkbox"/> NA				
Tubing Size: N.A.	Tubing Depth: N.A.	Top Packer Depth: N.A.	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date: 5/19/14	Well Status During Test: SI	Date of Last Approved MIT: N.A.	Casing Pressure Before Test: 0	Initial Tubing Pressure: N.A.
Starting Casing Test Pressure: 595 PSI	Casing Pressure - 5 Min.: 590 PSI	Casing Pressure - 10 Min.: 588 PSI	Final Casing Pressure: 588 PSI	Pressure Loss or Gain During Test: 7 PSI
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): Joe MacLaren		

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:

Signed:

Title:

Date:

OGCC Approval:

Title:

Date:

Conditions of Approval, if any: