

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: 96850  
Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC  
Address: 1001 17TH STREET - SUITE #1200  
City: DENVER State: CO Zip: 80202  
API Number: 05-103-05039 Field Name: SULPHUR CREEK Field Number: 80090  
Well Name: SO. SULPHUR - FEDERAL Number: 1-A  
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE 26 3S 99W

Contact Name and Telephone

Ty Elliott

No: (970) 589-1602

Email: tyrell.elliott@wpxenergy.com

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

☐ 5-Year UIC Test

☐ Verification of Repairs

☐ Test to Maintain SI/TA Status

☐ Tubing/Packer Leak

☐ Reset Packer

☐ Casing Leak

☒ Other (Describe): Test to go to TA status

Describe Repairs:

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s)		Perforated Interval: <input checked="" type="checkbox"/> NA		Use when perforations or open hole is isolated by bridge plug or cement plug	
Green River		Open Hole Interval: <input type="checkbox"/> NA		Bridge Plug or Cement Plug Depth	
				CIBP @ 500'	
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: NA		Tubing Depth: NA		Top Packer Depth: NA	
				Multiple Packers? <input type="checkbox"/> Yes <input 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
12-19-14	SHUT IN		Ø	NA	NA
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
557.	556.14	555.53	554.97	15422 02.02 PSI	
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			OGCC Field Representative (Print Name):		

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: TYRELL C ELLIOTT

Signed: Tyrell C Elliott

Title: FEELDS TECH

Date: 12-19-14

OGCC Approval:

Title:

Date:

Conditions of Approval, if any: