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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 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: 46290	Contact Name and Telephone Susana Lara-Mesa
Name of Operator: K.P. Kauffman Co INC	No: (303) 825-4822
Address: 1675 Broadway, Suite 2800	Email: slaramesa@kpk.com
City: Denver State: CO Zip: 80202	
API Number: # 05-123-08471 Field Name: SPINDLE	Field Number: # 77900
Well Name: Seltzer	Number: # 1-A
Location (Qtr, Sec, Twp, Rng, Meridian): NWSW 34 1 N 67 W 6 F	

	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

☒ Test to Maintain SI/TA Status

☐ Reset Packer

☐ Verification of Repairs

☐ Tubing/Packer Leak

☐ Casing Leak

☒ Other (Describe): PRODUCING

Describe Repairs: _____

NA - Not Applicable	Wellbore Data at Time of Test	Casing Test <input type="checkbox"/> NA Use when perforations or open hole is isolated by bridge plug or cement plug
Injection/Producing Zone(s) sussex	Perforated Interval: <input type="checkbox"/> NA 4902'-4932'	Open Hole Interval: <input checked="" type="checkbox"/> NA
Tubing Casing/Annulus Test <input type="checkbox"/> NA		Bridge Plug or Cement Plug Depth Retrievable Bridge Plug 4883'
Tubing Size: 2 3/8	Tubing Depth: 4821'	Top Packer Depth: 4822'
Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data		
Test Date 03/12/2015	Well Status During Test shut in.	Date of Last Approved MIT
Starting Casing Test Pressure 400	Casing Pressure - 5 Min. 380	Casing Pressure - 10 Min. 370
Final Casing Pressure 370		Pressure Loss or Gain During Test 30
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): Tom Peterson

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: Paul Anderson

Signed: Paul Anderson Title: Workover Supervisor

Date: 03/12/2015

OGCC Approval: Tom Peterson Title: Field Inspector

Date: 03/12/2015

Conditions of Approval, if any: