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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: <u>46290</u>		Contact Name and Telephone	Oper	OGCC
Name of Operator: <u>K.P. Kauffman Co INC</u>		<u>Susana Lara-Mesa</u>	Pressure Chart	
Address: <u>1675 Broadway, Suite 2800</u>		No: <u>(303) 825-4822</u>	Cement Bond Log	
City: <u>Denver</u>	State: <u>CO</u>	Email: <u>slaramesa@kpk.com</u>	Tracer Survey	
API Number: <u># 05-123-07523</u>		Field Name: <u>Spindle</u>	Temperature Survey	
Well Name: <u>RUSSEL TOM L</u>		Field Number: <u>77900</u>	Other Report 1	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE 30 2N 67W 6PI</u>		Number: <u># 1</u>	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): _____

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	
		<u>4561'-4604'</u>		Bridge Plug or Cement Plug Depth	
				CIBP 4460' 2 sks cement	
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: <u>2 3/8</u>		Tubing Depth: <u>4414'</u>		Top Packer Depth:	
				Multiple Packers? <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
<u>11/25/2014</u>	<u>Shut-in TA</u>	<u>11-25-14</u>	<u>0 PSI</u>	<u>0 PSI</u>	<u>420 PSI</u>
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
<u>420 PSI</u>	<u>420 PSI</u>	<u>420 PSI</u>	<u>420 PSI</u>	<u>0 PSI</u>	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): <u>James Precup</u>		

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: Paul Anderson

Signed: Paul Anderson Title: Workover Supervisor Date: 11/25/2014

OGCC Approval: James Precup Title: INSP Date: 11/25/2014

Conditions of Approval, if any: