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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: 10110
Name of Operator: Great Western
Address: 2005 Howard Smith Ave. East
City: Windsor State: CO Zip: 80550
Contact Name and Telephone: Ty Woodworth
No: 970274 9254
Email: Twoodworth@gwogcc.com
API Number: 05-123-316589 Field Name: Wattenberg Field Number: 90750
Well Name: Land Number: 31-35D
Location (QtrQtr, Sec, Twp, Rng, Meridian): Sec 31 T2N R64W

Attachment Checklist table with columns for Oper and OGCC, and rows for 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): Never Completed

Describe Repairs:

Wellbore Data at Time of Test, Casing Test, Tubing Casing/Annulus Test, Test Data, Test Witnessed by State Representative?

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: Michael Lindsay

Inspection # 1674002329

Signed: [Signature]

Title: Completion Consultant

Date: 5/27/15

OGCC Approval: [Signature]

Title: Field Inspector

Date: 5-27-15

Conditions of Approval, if any: