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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 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>10110</u>	Contact Name and Telephone
Name of Operator: <u>Great Western</u>	<u>TY Woodworth</u>
Address: <u>2005 Howard Smith Ave. East</u>	No: <u>970 274 9254</u>
City: <u>Windsor</u> State: <u>CO</u> Zip: <u>80550</u>	Email: <u>Twoodworth@9wogco.com</u>
API Number: <u>05-123-36608</u> Field Name: <u>Wettersberg</u> Field Number: <u>90750</u>	
Well Name: <u>Land</u> Number: <u>31-12D</u>	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>Sec 31 T2N R64W</u>	

	Oper	OGCC
Pressure Chart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cement Bond Log	<input type="checkbox"/>	<input type="checkbox"/>
Tracer Survey	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Survey	<input type="checkbox"/>	<input type="checkbox"/>
Other Report 1	<input type="checkbox"/>	<input type="checkbox"/>
Other Report 2	<input type="checkbox"/>	<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): Never Completed

Describe Repairs: _____

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s) <u>Nio</u> <u>Codell</u>		Perforated Interval: <input checked="" 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 Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test <input checked="" type="checkbox"/> NA					
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Test Data					
Test Date <u>5/27/15</u>	Well Status During Test <u>Never Completed</u>	Date of Last Approved MIT <u>1st MIT</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure <u>NA</u>	Final Tubing Pressure <u>NA</u>
Starting Casing Test Pressure <u>350</u>	Casing Pressure - 5 Min. <u>349</u>	Casing Pressure - 10 Min. <u>349</u>	Final Casing Pressure <u>349</u>	Pressure Loss or Gain During Test <u>-1 PSI</u>	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): <u>Craig Carlile</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: Michael Lindsey Inspection # 674 00 23 29

Signed: [Signature] Title: Completion Consultant Date: 5-27-15

OGCC Approval: [Signature] Title: Field Inspector Date: 5-27-15

Conditions of Approval, if any: _____