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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 pressurees 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: 66561
Name of Operator: OXY USA Inc.
Address: 760 Horizon Drive, Suite 101
City: Grand Junction State: CO Zip: 81506
API Number: 05-077-09393 Field Name: Alkali Creek Field Number: 1950
Well Name: Hells Gulch Federal Number: 26-2C
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE 26 8S 92W 6 PM

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.

[X] 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 [X] Other (Describe): TA Well

Describe Repairs: Well will be MITd and TAd

Wellbore Data at Time of Test: WMFK/CMEO 5810' - 7154'
Tubing Casing/Annulus Test: 2 3/8" Tubing Depth: 6818' Tubing was Removed
Test Data: Test Date 6/22/15, Well Status During Test No, Casing Pressure Before Test 0, Initial Tubing Pressure -, Final Tubing Pressure -
Starting Casing Test Pressure 0, Casing Pressure - 5 Min. 340, Casing Pressure - 10 Min. 340, Final Casing Pressure 340, Pressure Loss or Gain During Test 0
Test Witnessed by State Representative? [X] No OGCC Field Representative (Print Name): Curtis Conklin

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 Run Date: [] CBL or Equivalent Run Date: [] Temperature Survey 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: Ken McKinney
Signed: Ken McKinney Title: WSM Date: 6/22/15
OGCC Approval: Title: Date:

Conditions of Approval, if any: