

FORM

21

Rev
08/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400889600

Date Received:

MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- An original pressure chart must accompany this report if this test was not witnessed by an OGCC representative. Injection well tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a(1)B. or C.
- Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
- 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

OP OGCC

OGCC Operator Number: <u>10310</u>	Contact Name <u>David Cook</u>	Pressure Chart		
Name of Operator: <u>FRAM OPERATING LLC</u>	Phone: <u>(719) 355-1320</u>	Cement Bond Log		
Address: <u>6 SOUTH TEJON STREET #400</u>		Tracer Survey		
City: <u>COLORADO SPRINGS</u> State: <u>CO</u> Zip: <u>80903</u> Email: <u>Dave@framamericas.com</u>		Temperature Survey		
API Number : 05- <u>077-09471</u> OGCC Facility ID Number: <u>294255</u>		Inspection Number		
Well/Facility Name: <u>MANSUR</u> Well/Facility Number: <u>33-1-N</u>				
Location QtrQtr: <u>6</u> Section: <u>33</u> Township: <u>12S</u> Range: <u>97W</u> Meridian: <u>6</u>				

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: _____

Test Type:

Test to Maintain SI/TA status 5-Year UIC Reset Packer

Verification of Repairs Annual UIC TEST

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test				Casing Test Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth. Bridge Plug or Cement Plug Depth <u>3043</u>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
DKTA	3167			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
			<input type="checkbox"/>	

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
08-20-2015	TEMPORARILY ABANDONED	0		
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
512	511	511	511	-1

Test Witnessed by State Representative? OGCC Field Representative Browning, Chuck

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: David Cook

Title: Manager Email: Dave@framamericas.com Date: _____

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

The subpart 'b' report could not be found at the specified location W:\test\sub\No4\Reports\COA_Plain_rdlc_Places

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)