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FORM  
21  
Rev 9/14

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

Document Number:

Date Received:

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 15 minutes.
2. An original pressure chart must accompany this report if this test was not witnessed by a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
6. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
7. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
8. OGCC notification must be provided 10 days prior to the test via Form 42.
9. 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: 10203	Contact Name and Telephone BILLY HATAWAY
Name of Operator: BLACKRAVEN ENERGY	No: (307) 752-5490
Address: 165 S UNION BLVD SUITE 410	Email: bhataway@enerjexresources
City: LAKEWOOD State: CO Zip: 80228	
API Number: OGCC Facility ID Number:	
Well/Facility Name: O'Neill	Well/Facility Number: 3
Location Qtr: NE Section: 5 Township: 1 Range: 57 Meridian: 6pm	

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Last MIT Date: unknown

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

Injection/Producing Zone(s) j-sand	Perforated Interval: 5578-5582	Open Hole Interval:
		Bridge Plug or Cement Plug Depth 5532

Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Data

Test Date 11-27-15	Well Status During Test SI	Casing Pressure Before Test 0 psi	Initial Tubing Pressure	Final Tubing Pressure
Casing Pressure Start Test 320	Casing Pressure - 5 Min. 320	Casing Pressure 10 Min. 320	Casing Pressure Final Test 320	Pressure Loss or Gain During Test 0
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OGCC Field Representative (Print Name):		

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

Print Name: BILLY HATAWAY

Signed: Billy Hataway Title: DIR FIELD OPERATIONS Date: 11-27-15

OGCC Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval, if any: