

**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:  
400967294  
Date Received:  
01/08/2016

**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 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. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
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

OP OGCC

OGCC Operator Number: <u>47120</u>	Contact Name: <u>ED GRIEBEL</u>
Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(970) 339-1078</u>
Address: <u>P O BOX 173779</u>	
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>ED.GRIEBEL@ANADARKO.COM</u>
API Number: <u>05-123-16924</u>	OGCC Facility ID Number: <u>249122</u>
Well/Facility Name: <u>HSR-TOOMBS</u>	Well/Facility Number: <u>14-28A</u>
Location QtrQtr: <u>SESW</u> Section: <u>28</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>	

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

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: MIT TO RETURN SHUT-IN WELL BACK TO PRODUCTION

Wellbore Data at Time of Test		
Injection Producing Zone(s) <u>JNBCD</u>	Perforated Interval <u>7123-7254 7395-7406 7841-7908</u>	Open Hole Interval
Tubing Casing/Annulus Test		
Tubing Size:	Tubing Depth:	Top Packer Depth:
		Multiple Packers? <input type="checkbox"/>

**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  
7107

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>12-30-2015</u>	<u>SHUT -IN</u>	<u>0</u>	<u>0</u>	<u>0</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>470</u>	<u>470</u>	<u>470</u>	<u>470</u>	<u>0</u>

Test Witnessed by State Representative?  OGCC Field Representative Carlile, Craig

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

Signed: \_\_\_\_\_ Print Name: CHERYL LIGHT

Title: SR. REGULATORY ANALYST Email: CHERYL.LIGHT@ANADARKO.COM Date: 1/8/2016

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

COGCC Approved: George, Travis Date: 1/18/2016

**CONDITIONS OF APPROVAL, IF ANY:**

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**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>	
400967294	FORM 21 SUBMITTED	
400967300	FORM 21 ORIGINAL	
Total Attach: 2 Files		
<b><u>General Comments</u></b>		
<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	requested info on how the bp was set below the perms. The original bp submitted was not the isolating bp, has been corrected.	1/12/2016 1:44:05 PM
Total: 1 comment(s)		