

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:
400825291
Date Received:

MECHANICAL INTEGRITY TEST

Complete the Attachment
Checklist

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. Injection well 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. 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.

OP OGCC

OGCC Operator Number: 55575 Contact Name _____
Name of Operator: MCELVAIN ENERGY INC Phone: () _____
Address: 1050 17TH ST STE 2500
City: DENVER State: CO Zip: 80265-2080 Email: _____

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

API Number: 05-125-11298 OGCC Facility ID Number: 296428
Well/Facility Name: MILDRED SOUTH WDW Well/Facility Number: 2-15
Location QtrQtr: SWSE Section: 2 Township: 3S Range: 46W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 5/14/2010 12:00:00 AM
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)	Perforated Interval	Open Hole Interval
<u>LKMR</u>		
Tubing Casing/Annulus Test		
Tubing Size:	Tubing Depth:	Top Packer Depth:
<u>2 7/8"</u>	<u>3471</u>	

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

Test Data (Use -1 for a vacuum)

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>04-27-2015</u>	<u>SI</u>	<u>0PSI</u>	<u>-22PSI</u>	<u>0PSI</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>610PSI</u>	<u>610PSI</u>	<u>610PSI</u>	<u>610PSI</u>	<u>0PSI</u>

Test Witnessed by State Representative? OGCC Field Representative Brian Welsh
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: _____
Title: _____ Email: _____ Date: _____

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.
COGCC Approved: Brian Welsh Date: 4/28/15

CONDITIONS OF APPROVAL, IF ANY:

The submittal (e.g., report) could not be found at the specified location (Well/Section/Well/Depth/COA/Block/Well/Block)

SIGNIFICANT LOST CIRCULATION – Notify within 24 hours, report mud losses in excess of 100 barrels which require shutdown of operations for an hour or longer to pump lost circulation material and rebuild pit volume

Date of Lost Circulation: _____ Time: _____ (HH:MM)

Measure Depth: _____ (feet) Mud Volume Lost: _____ (bbl)

Significant Kick Ensued? _____

A Form 23 (Well Control Report) is required for Significant Kicks within 15 days. A significant kick shall be defined as one that is managed by shutting in the well to circulate out the kick or that is managed by going on choke and requiring an increase in mud weight exceeding 3/10ths of one pound per gallon to control.

NOTICE OF HIGH BRADENHEAD PRESSURE DURING STIMULATION – Notify within 24 hours when bradenhead pressure increases more than 200 psig during stimulation. This satisfies Rule 341 verbal notification requirements. Submit a follow-up Form 4 within 15 days.

Date and time of High Bradenhead Pressure: _____ Time: _____ (HH:MM)

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: _____

Date: _____ Time: _____ (HH:MM)

NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED

Corrective Actions required by field inspection document # _____ have been performed on _____
Site is ready for re-inspection.

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: James Marshall McKinney, Jr. Email: jim.mckinney@mcelvain.com

Signature: _____ Title: Sr. Operations Engineer Date: 10/09/2015