

**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:

400986137

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 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.

Complete the Attachment

Checklist

OP OGCC

OGCC Operator Number: <u>47120</u>	Contact Name: <u>ED GRIEBEL</u>		Pressure Chart		
Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(970) 518-8129</u>		Cement Bond Log		
Address: <u>P O BOX 173779</u>			Tracer Survey		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>ED.GRIEBEL@ANADARKO.COM</u>		Temperature Survey		
API Number: <u>05-123-40997</u> OGCC Facility ID Number: <u>159659</u>			Inspection Number		
Well/Facility Name: <u>MILK</u> Well/Facility Number: <u>35N-28HZ</u>					
Location QtrQtr: <u>SESW</u> Section: <u>21</u> Township: <u>3N</u> Range: <u>65W</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: UNCOMPLETED WELL - TOP NIOBRARA 7405', INTERMEDIATE TOC SURFACE, LINER TOP 6840', POSSIBLE CASING ISSUES 8,134-8,660', 8,660-8,760', 11,406' HOLE

Wellbore Data at Time of Test				Casing Test	
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
	NONE				
Tubing Casing/Annulus Test				Bridge Plug or Cement Plug Depth	
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	<input type="text" value="6583"/>	
			<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
02-05-2016	SHUT -IN	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
354	353	352	352	-2

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 LILGHT

Title: SR. REGULATORY ANALYST Email: CHERYL.LIGHT@ANADARKO.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:**

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>	
400986144	FORM 21 ORIGINAL	
Total Attach: 1 Files		
<b><u>General Comments</u></b>		
<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Total: 0 comment(s)		