

Click here to reset the form

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

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.

FOR OGCC USE ONLY

Document Number:  
\_\_\_\_\_

Date Received:  
\_\_\_\_\_

Complete the  
Attachment Checklist

Oper OGCC

Pressure Chart	<input checked="" type="checkbox"/>	
Cement Bond Log	<input type="checkbox"/>	
Tracer Survey	<input type="checkbox"/>	
Temperature Survey	<input type="checkbox"/>	
Inspection Number		

OGCC Operator Number: _____		Contact Name and Telephone <u>Gary Helgeband</u>	
Name of Operator: <u>KUCANA OIL &amp; GAS</u>		No: <u>970-216-5749</u>	
Address: <u>370 17th ST, STE 1700 US BANK TOWER</u>		Email: <u>gary.helgeband@state.co.us</u>	
City: <u>Denver</u>	State: <u>CO</u>	Zip: <u>80202</u>	
API Number: <u>05-123-21026</u>		OGCC Facility ID Number: _____	
Well/Facility Name: <u>BREWER MAYER WAGONER</u>		Well/Facility Number: <u>12-34</u>	
Location Qtr: <u>S4SW1/4</u>		Section: <u>34</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: _____	

☐ 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:

On from well bore integrity for producing well

Wellbore Data at Time of Test

Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:

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

8200'

Tubing Casing/Annulus Test

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

Test Data

Test Date <u>1-22-2016</u>	Well Status During Test	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure	Final Tubing Pressure
Casing Pressure Start Test <u>1560</u>	Casing Pressure - 5 Min. <u>1560</u>	Casing Pressure - 10 Min. <u>1560</u>	Casing Pressure Final Test <u>1560</u>	Pressure Loss or Gain During Test <u>0</u>

Test Witnessed by State Representative?

☒ Yes

☐ 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: Paul Rojas

Signed: Paul Rojas - Examiner Title: Contract Consultant

Date: 1-22-2016

OGCC Approval: H. Helgeband Title: N.E. INSPECTOR

Date: 1-22-16

Conditions of Approval, if any: