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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.
3. For production wells, test pressures must be a at 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: 16700
Name of Operator: Chevron U.S.A. Inc
Address: 100 Chevron Road
City: Rangely State: CO Zip: 81648
API Number: 05-103-05780 OGCC Facility ID Number: 47443 / Rangely Field 72370
Well/Facility Name: A.C. McLAUGHLIN Well/Facility Number: 10
Location QtrQtr: SWSW Section: 13 Township: 2N Range: 103w Meridian: 6th

Table with columns for Attachment Checklist items (Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number) and checkboxes for Oper and OGCC.

[X] SHUT-IN PRODUCTION WELL [] INJECTION WELL

Last MIT Date:

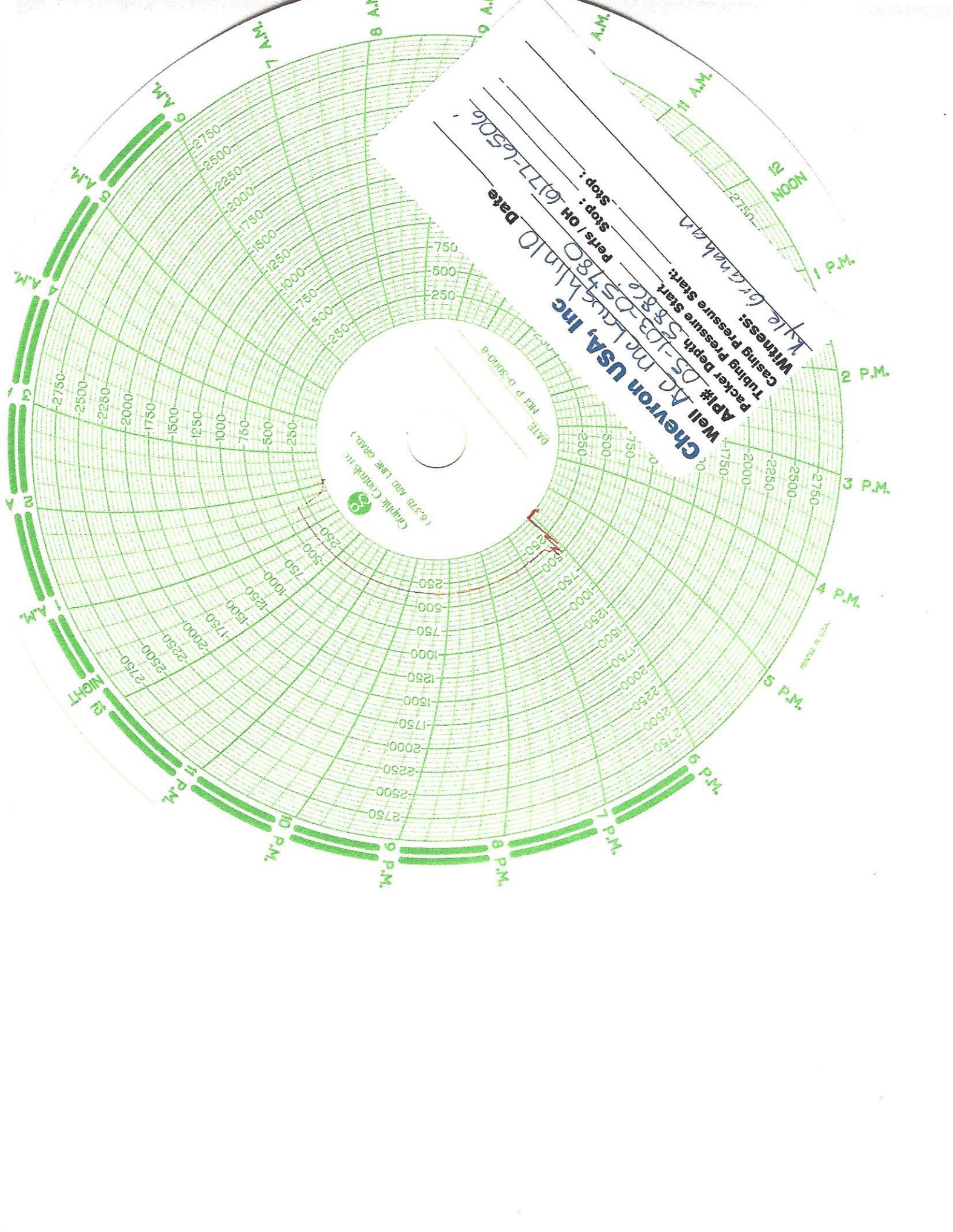
Test Type:
[X] Test to Maintain SI/TA status [] 5- year UIC [] Reset Packer
[] Verification of Repairs [] Annual UIC Test

Describe Repairs or Other Well Activities: Pull ESP, RIH with 7" packer

Wellbore Data at Time of Test (Weber, 6177-6506)
Casing Test
Tubing Casing/Annulus Test (2 7/8" tubing, 5921' depth, 5886 top packer depth)
Test Data (Date: 4/8/16, Status: SHUT IN, Pressures: 350)
Test Witnessed by State Representative? [X] Yes [] No
OGCC Field Representative (Print Name): Kyle Granahan

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

Print Name: Diane L Peterson Form 42# 401017586 Field Inspection # 475102383
Signed: Diane L Peterson Title: Permitting Specialist Date: 4/8/16
OGCC Approval: Kyle Granahan Title: COGCONWFI Date: 4/8/16
Conditions of Approval, if any: Kyle Granahan



DATE: 10/10/10
WELL: DS-103-05780

Chevron USA, Inc
Well: **DS-103-05780**
APL# **DS-103-05780**
Packer Depth **5882**
Tubing Pressure Start: **11 A.M.**
Casing Pressure Start: **11 A.M.**
Witness: **Kyle Graham**

Stop: **10:30 AM**
Perf / OH: **6/17-6506**
Date: **10/10/10**