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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 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.

Complete the Attachment Checklist

OGCC Operator Number: 10110
Contact Name and Telephone: Laura Harter
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC
Address: 1801 Broadway #500
City: Denver State: CO Zip: 80202
API Number: 123-38746 OGCC Facility ID Number:
Well/Facility Name: Spaur Brothers EH 31-382HN
Location QtrQtr: SESE Section: 31 Township: 7N Range: 63W Meridian: 6

Table with columns: Oper, OGCC. Rows: 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: Test on 9 5/8" surface set.

Wellbore Data at Time of Test
Injection/Producing Zone(s): NA
Perforated Interval: NA
Open Hole Interval: NA
Casing Test: Bridge Plug or Cement Plug Depth 1,011

Tubing Casing/Annulus Test
Tubing Size: NA
Tubing Depth: NA
Top Packer Depth: NA
Multiple Packers? Yes No

Test Data table with columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure, Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain During Test.

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: Ty Ubadueth

Signed: [Signature] Title: Paul Eng Leel Date: 8/11/16

OGCC Approval: Title: Date:

Conditions of Approval, if any: