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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

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

OGCC Operator Number: _____ Contact Name and Telephone: _____
Name of Operator: Synergy Resources Corporation Jesus Garcia
Address: 5400 West 11th St. Suite C No: 970 820-0339
City: Greenwood State: CO Zip: 80634 Email: JGARCIA@SYRGINFO.COM
API Number: 05-123-40068 OGCC Facility ID Number: _____
Well/Facility Name: Wiedeman Well/Facility Number: 12-5-4 NCHZ
Location Qtr: NWNE Section: 5 Township: 5N Range: 06W Meridian: 6E

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

☐ 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: _____

Wellbore Data at Time of Test			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.	
Injection/Producing Zone(s) <u>N/A</u>	Perforated Interval: <u>N/A</u>	Open Hole Interval: <u>N/A</u>	Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test				
Tubing Size: <u>N/A</u>	Tubing Depth: <u>N/A</u>	Top Packer Depth: <u>N/A</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date <u>9/29/16</u>	Well Status During Test <u>NOT IN PRODUCTION</u>	Casing Pressure Before Test <u>0 PSI</u>	Initial Tubing Pressure <u>N/A</u>	Final Tubing Pressure <u>N/A</u>
Casing Pressure Start Test <u>358</u>	Casing Pressure - 5 Min. <u>352</u>	Casing Pressure - 10 Min. <u>349</u>	Casing Pressure Final Test <u>348</u>	Pressure Loss or Gain During Test <u>10.0 PSI</u>
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Jesus Garcia

Signed: [Signature]

Title: Workover Foreman

Date: 9/29/16

OGCC Approval: _____ Title: _____

Date: _____

Conditions of Approval, if any: _____