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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:
Contact Name and Telephone:
Name of Operator: SYNERGY Resources Corporation
Address: 5400 West 11th St. Suite C
City: Greeley State: CO Zip: 80634
API Number: 05-123-40068 OGCC facility ID Number:
Well/Facility Name: WIEDERMAN Well/Facility Number: 12-5-4 NCHZ
Location Qtr: NWNE Section: 5 Township: 5N Range: 06W Meridian: 6E

Table with columns for Oper and OGCC, rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

SHUT-IN PRODUCTION WELL INJECTION WELL
Test Type:
Test to Maintain SI/TA status
Verification of Repairs
5-year UIC
Annual UIC Test
Reset Packer

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test
Casing Test
Tubing Casing/Annulus Test
Test Data
Test Witnessed by State Representative?
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: 9/29/14
OGCC Approval: Title: Date:
Conditions of Approval, if any: