

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

FOR OGCC USE ONLY

Document Number: _____

Date Received: _____

MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- 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.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- 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: <u>Synergy Resources Corporation</u>	<u>JESUS GARCIA</u>
Address: <u>5400 WEST 11TH ST SUITE C</u>	No: <u>970 820-0339</u>
City: <u>Greenwood</u> State: <u>CO</u> Zip: <u>80634</u>	Email: <u>JGARCIA@SYRINFO.COM</u>
API Number: <u>05-123-40064</u> OGCC Facility ID Number: _____	
Well/Facility Name: <u>Wickham</u> Well/Facility Number: <u>A-5.3 NBH2</u>	
Location Qtr: <u>NW1/4</u> Section: <u>5</u> Township: <u>5N</u> Range: <u>66W</u> Meridian: <u>10E</u>	

	Oper	OGCC
Pressure Chart	X	
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: _____

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. Bridge Plug or Cement Plug Depth _____
Injection/Producing Zone(s) <u>N/A</u>	Perforated Interval: <u>N/A</u>	Open Hole Interval: <u>N/A</u>	

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>9/20/16</u>	Well Status During Test <u>NOT IN PRODUCTION</u>	Casing Pressure Before Test <u>OPSI</u>	Initial Tubing Pressure <u>N/A</u>	Final Tubing Pressure <u>N/A</u>
Casing Pressure Start Test <u>372</u>	Casing Pressure - 5 Min. <u>367</u>	Casing Pressure - 10 Min. <u>363</u>	Casing Pressure Final Test <u>359</u>	Pressure Loss or Gain During Test <u>13 PSI</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: JESUS GARCIA

Signed: [Signature] Title: WORKOVER FOREMAN Date: 9/20/16

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: _____