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FORM 21 Rev 9/14

State of Colorado Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

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Date Received:

10/11/16

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 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: 47120
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP
Address: 501 NORTH DIVISION BLVD
City: PLATTEVILLE State: CO Zip: 80651
API Number: 0512321506 OGCC Facility ID Number:
Well/Facility Name: KERR Well/Facility Number: 14-13
Location QtrQtr: SESW Section: 13 Township: 2N Range: 67W Meridian:

Attachment Checklist table with columns for Oper and OGCC, and rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, and Inspection Number (68190/532).

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

Describe Repairs or Other Well Activities: MIT TO MAINTAIN SHUT IN STATUS

Wellbore Data at Time of Test
Injection/Producing Zone(s): J SAND
Perforated Interval: 7872'-7900'
Open Hole Interval:
Casing Test: Bridge Plug or Cement Plug Depth 6949'

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

Test Data
Test Date: 10-14-16
Well Status During Test:
Casing Pressure Before Test:
Initial Tubing Pressure:
Final Tubing Pressure:
Casing Pressure Start Test: 358
Casing Pressure - 5 Min.: 358
Casing Pressure - 10 Min.: 358
Casing Pressure Final Test: 358
Pressure Loss or Gain During Test:
Test Witnessed by State Representative? [X] 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: Lane Blake
Signed: [Signature] Title: Wellbore Supervisor Date: 10-14-16
OGCC Approval: Title: Date:

Conditions of Approval, if any: