

FORM 21

Rev 08/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

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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 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. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
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

OP OGCC

OGCC Operator Number: 100185 Contact Name Ryan Tompkins
Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (970) 285-2685
Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-5632 Email: ryan.tompkins@encana.com

Table with 3 columns and 5 rows for checklist items: Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number (674703251)

API Number: 05-045-21904 OGCC Facility ID Number: 431947
Well/Facility Name: SG Well/Facility Number: 8509D-33 E34496
Location QtrQtr: SWNW Section: 34 Township: 4S Range: 96W Meridian: 6

SHUT-IN PRODUCTION WELL [checked] INJECTION WELL [] Last MIT Date:
Test Type:
[checked] 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 and Casing Test tables. Includes Injection Producing Zone(s), Perforated Interval, Open Hole Interval, Tubing Size, Tubing Depth, Top Packer Depth, Multiple Packers?, Bridge Plug or Cement Plug Depth (2930).

Test Data (Use -1 for a vacuum) 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 table.

Test Witnessed by State Representative? [] OGCC Field Representative Mike Langworth
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Jason Eckman Print Name: Jason Eckman
Title: Sr. Regulatory Analyst Email: jason.eckman@encana.com Date:

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.
COGCC Approved: [Signature] Date: 10-20-16

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	
Total Attach: 0 Files		
<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Total: 0 comment(s)		