

**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:  
401114669  
Date Received:  
09/20/2016

**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. Injection well 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. 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: 17180 Contact Name Geoff Wolff  
 Name of Operator: CITATION OIL & GAS CORP Phone: (719) 340-4637  
 Address: 14077 CUTTEN RD  
 City: HOUSTON State: TX Zip: 77269 Email: Gwolff@cogc.com

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

API Number : 05- 017-06793 OGCC Facility ID Number: 207858  
 Well/Facility Name: ARAPAHOE UNIT Well/Facility Number: 123(21-21)  
 Location QtrQtr: NENW Section: 31 Township: 14S Range: 41W Meridian: 6

SHUT-IN PRODUCTION WELL  INJECTION WELL Last MIT Date: 11/23/2011 12:00:00 AM  
**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 <input type="text"/>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
MRRW	5134-5167			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
2.375	5081	5081	<input type="checkbox"/>	

**Test Data (Use -1 for a vacuum)**

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
09-16-2016	INJECTING	0	-13	-13
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
600	600	600	600	0

Test Witnessed by State Representative?  OGCC Field Representative Welsh, Brian  
 I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
 Signed: \_\_\_\_\_ Print Name: Sara Guthrie  
 Title: Compliance Coordinator Email: Sguthrie@cogc.com Date: 9/20/2016

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.  
 COGCC Approved: Wolfe, Stephen Date: 10/28/2016

**CONDITIONS OF APPROVAL, IF ANY:**

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**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>	
401114669	FORM 21 SUBMITTED	
401114677	FORM 21 ORIGINAL	
Total Attach: 2 Files		
<b><u>General Comments</u></b>		
<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Total: 0 comment(s)		