

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:

401241448

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: 10447	Contact Name: Pake Younger	Pressure Chart		
Name of Operator: URSA OPERATING COMPANY LLC	Phone: (970) 260-2423	Cement Bond Log		
Address: 1050 17TH STREET #1700		Tracer Survey		
City: DENVER State: CO Zip: 80265 Email: pyounger@ursaresources.com		Temperature Survey		
API Number: 05-045-22322 OGCC Facility ID Number: 435971		Inspection Number		
Well/Facility Name: Valley Farms Well/Facility Number: J10				
Location QtrQtr: NWNW Section: 13 Township: 6S Range: 92W Meridian: 6				

☒ 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: Surface casing, shoe still in place.

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 <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
WFCMMN	np			
<b>Tubing Casing/Annulus Test</b>				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
8 5/8	1039	n/a	<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
08-29-2016	SHUT -IN	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
379	378	377	377	-2

Test Witnessed by State Representative? ☐ OGCC Field Representative \_\_\_\_\_

OPERATOR COMMENTS:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Marcey Hodshire  
Title: Administrative Manager Email: mhodshire@ursaresources.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: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401241466	PRESSURE CHART
401241526	FORM 21 ORIGINAL

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)