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FORM
21
Rev 3/13

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

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
3. For production wells, test pressures must be a minimum of 300 psig.
4. Injection well tests must be witnessed by an OGCC representative.
5. New injection wells must be tested to maximum requested injection pressure.
6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
8. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
9. OGCC notification must be provided 10 days prior to the test via Form 42.
10. 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: 8960	Contact Name and Telephone: Bryan Brown	Oper	OGCC
Name of Operator: Bonanza Creek Energy Inc.	No: (720) 440-6141	Pressure Chart	
Address: 410 17th Street Suite 1400	Email: BBrown@bonanzacrk.com	Cement Bond Log	
City: Denver State: CO Zip: 80202		Tracer Survey	
API Number: 123-20563-00 Field Name: Field Number:		Temperature Survey	
Well Name: Park Number: 34-4		Other Report 1	
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE, Sec: 4, Twp: 4N, Range: 63W, Meridian: 6		Other Report 2	

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Facility No.: _____

Part I. Pressure Test

☐ 5-Year UIC Test

☒ Test to Maintain SI/TA Status

☐ Reset Packer

☐ Verification of Repairs

☐ Tubing/Packer Leak

☐ Casing Leak

☐ Other (Describe): _____

Describe Repairs: _____

NA - Not Applicable	Wellbore Data at Time of Test	Casing Test <input checked="" type="checkbox"/> NA
Injection/Producing Zone(s): N/A	Perforated Interval: <input type="checkbox"/> NA 6316'-7096'	Use when perforations or open hole is isolated by bridge plug or cement plug
	Open Hole Interval: <input checked="" type="checkbox"/> NA	Bridge Plug or Cement Plug Depth
		CIBP @ 6280'

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size: N/A	Tubing Depth: N/A	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data					
Test Date: 03/30/2017	Well Status During Test: T/A	Date of Last Approved MIT:	Casing Pressure Before Test: ϕ PSI	Initial Tubing Pressure: ϕ PSI	Final Tubing Pressure: ϕ PSI
Starting Casing Test Pressure: ϕ PSI	Casing Pressure - 5 Min.: 56 ϕ PSI	Casing Pressure - 10 Min.: 49 ϕ PSI	Final Casing Pressure: 49 ϕ PSI	Pressure Loss or Gain During Test: 1 ϕ PSI	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): Tom Peterson		

Part II. Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

<input type="checkbox"/> Tracer Survey	<input type="checkbox"/> CBL or Equivalent	<input type="checkbox"/> Temperature Survey
Run Date: _____	Run Date: _____	Run Date: _____

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

Print Name: Daryl Barberousse

Signed: _____ Title: Lead Completions Foreman Date: 03/30/2017

OGCC Approval: _____ Title: Field Inspector Date: 03/30/2017

Conditions of Approval, if any:

FIR 680703914