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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: 10548	Contact Name and Telephone Terry Pape	<table border="1"><thead><tr><th></th><th>Oper</th><th>OGCC</th></tr></thead><tbody><tr><td>Pressure Chart</td><td></td><td></td></tr><tr><td>Cement Bond Log</td><td></td><td></td></tr><tr><td>Tracer Survey</td><td></td><td></td></tr><tr><td>Temperature Survey</td><td></td><td></td></tr><tr><td>Other Report 1</td><td></td><td></td></tr><tr><td>Other Report 2</td><td></td><td></td></tr></tbody></table>		Oper	OGCC	Pressure Chart			Cement Bond Log			Tracer Survey			Temperature Survey			Other Report 1			Other Report 2		
	Oper		OGCC																				
Pressure Chart																							
Cement Bond Log																							
Tracer Survey																							
Temperature Survey																							
Other Report 1																							
Other Report 2																							
Name of Operator: HRM Resources II, LLC	No: (970) 768-5700																						
Address: 410 17th Street, Suite 1600	Email: tpape@hrmres.com																						
City: Denver State: CO Zip: 80202																							
API Number: 05-001-09784 Field Name: Wattenberg Field Number:																							
Well Name: State of Colorado Number: 1S-66-36-1724BH																							
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW Sec 36-T1S-R68W																							

☐ 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 type="checkbox"/> NA	
Injection/Producing Zone(s)	Perforated Interval: <input checked="" type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug		
NA			Bridge Plug or Cement Plug Depth		
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: NA	Tubing Depth: NA	Top Packer Depth: NA	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data					
Test Date: 4-6-17	Well Status During Test: SI	Date of Last Approved MIT	Casing Pressure Before Test: -0-	Initial Tubing Pressure	Final Tubing Pressure
Starting Casing Test Pressure: 520	Casing Pressure - 5 Min: 520	Casing Pressure - 10 Min: 520	Final Casing Pressure: 520	Pressure Loss or Gain During Test: -0-	
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			OGCC Field Representative (Print Name):		

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.

☐ Tracer Survey

☐ CBL or Equivalent

☐ 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: Terry Pape

Signed: _____ Title: VP Operations

Date: 4-6-17

OGCC Approval: _____ Title: _____

Date: _____

Conditions of Approval, if any: _____