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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 at 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 325.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 300 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 Name of Operator: HRM Resources II, LLC Address: 410 17th Street, Suite 1800 City: Denver State: CO Zip: 80202 API Number: 05-001-09787 Field Name: Wattenberg Field Number: 90750 Well Name: State of Colorado Number: 1S-66-36-3225CDH Location (Qtr, Sec, Twp, Rng, Meridian): SWNW 36-T1S-R66W

Attachment Checklist table with columns for Oper and OGCC, and rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Other Report 1, 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:

Wellbore Data at Time of Test, Casing Test, Tubing Casing/Annulus Test, Test Data table with handwritten values (4-6-17, 500, etc.), and Test Witnessed by State Representative/OGCC Field Representative fields.

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 fields.

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: [Signature] Title: VP Operations Date: 4-6-17

OGCC Approval: Title: Date:

Conditions of Approval, if any: