

**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:  
**401282024**  
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. 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: <u>10399</u>	Contact Name <u>Joyce Henkin</u>				
Name of Operator: <u>NIGHTHAWK PRODUCTION LLC</u>	Phone: <u>(303) 407-9609</u>	Pressure Chart			
Address: <u>1805 SHEA CENTER DR #290</u>		Cement Bond Log			
City: <u>HIGHLANDS RANCH</u> State: <u>CO</u> Zip: <u>80129</u> Email: <u>joycehenkin@nighthawkenergy.co</u>		Tracer Survey			
		Temperature Survey			
API Number: <u>05-073-06370</u> OGCC Facility ID Number: <u>300642</u>		Inspection Number			
Well/Facility Name: <u>CRAIG</u> Well/Facility Number: <u>4-33</u>		<u>673715470</u>			
Location QtrQtr: <u>NWNW</u> Section: <u>33</u> Township: <u>13S</u> Range: <u>55W</u> Meridian: <u>6</u>					

SHUT-IN PRODUCTION WELL       INJECTION WELL      Last MIT Date: \_\_\_\_\_

**Test Type:**

Test to Maintain SITA 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 <u>6240</u>
Injection Producing Zone(s) <u>MRTN</u>	Perforated Interval <u>6252-6372</u>	Open Hole Interval <u>N/A</u>		
Tubing Casing/Annulus Test				
Tubing Size: <u>N/A</u>	Tubing Depth: <u>N/A</u>	Top Packer Depth: <u>N/A</u>	Multiple Packers? <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
<u>05-22-2017</u>	<u>TEMPORARILY ABANDONED</u>	<u>0</u>	<u>N/A</u>	<u>N/A</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>350</u>	<u>350</u>	<u>350</u>	<u>351</u>	<u>+1</u>

Test Witnessed by State Representative?       OGCC Field Representative Susan Sherman

OPERATOR COMMENTS:  
FORM 42# 401282130

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

Signed: \_\_\_\_\_ Print Name: Joyce Henkin

Title: Joyce Henkin Email: joycehenkin@nighthawkenergy.com Date: \_\_\_\_\_

*Harold Weisfeld*

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:

*Susan Shum*

Date:

5/17/2017

**CONDITIONS OF APPROVAL, IF ANY:**

**Attachment Check List**

**Att Doc Num**

**Name**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)