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FORM
21
Rev 9/14

State of Colorado
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

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 a OGCC representative. Injection wells 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. OGCC notification must be provided 10 days prior to the test via Form 42.
9. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: 61650
Name of Operator: Murfin Drilling Company, Inc
Address: 250 N Water, Suite 300
City: Wichita State: KS Zip: 67202
API Number: 5-009-06514-00 OGCC Facility ID Number: _____
Well/Facility Name: SECU Well/Facility Number: 1102
Location Qtr: SENE Section: 1 Township: 35S Range: 46W Meridian: _____

Contact Name and Telephone

James Esquivel

No: 620-272-4913

Email: j280189@pld.com

FOR OGCC USE ONLY

Document Number:

Date Received:

Complete the
Attachment Checklist

Oper OGCC

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Last MIT Date: 5-2-12

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:

Wellbore Data at Time of Test

Injection/Producing Zone(s) Perforated Interval: Open Hole Interval:

LAWSING 3988-4004 CIRP 3938

Tubing Casing/Annulus Test

Tubing Size: NA Tubing Depth: NA Top Packer Depth: NA Multiple Packers? ☐ Yes ☒ No

Test Data

Test Date: 5/16/17 Well Status During Test: TA Casing Pressure Before Test: 0 PSI Initial Tubing Pressure: NA Final Tubing Pressure: NA
Casing Pressure Start Test: 400 PSI Casing Pressure - 5 Min.: 280 PSI Casing Pressure - 10 Min.: _____ Casing Pressure Final Test: _____ Pressure Loss or Gain During Test: -120 PSI in 5 minutes

Test Witnessed by State Representative?

☒ Yes

☐ No

OGCC Field Representative (Print Name):

Brian Welsh

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

Print Name: James Esquivel

Signed: James Esquivel

Title: Production Foreman

Date: 5/16/17

OGCC Approval: Brian Welsh

Title: Field Inspector

Date: 5/16/17

Conditions of Approval, if any: Failed

Form 42# 401280431

Insp Doc# 679902550