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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

FOR OGCC USE ONLY
Document Number:
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 a OGCC representative.
3. For production wells, test pressures must be at 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: 10460
Name of Operator: High plains Energy, LLC
Address: 4545 S. Monaco St. Unit 116
City: Denver State: CO Zip: 80237
API Number: 05-121-11019 OGCC Facility ID Number:
Well/Facility Name: State Hone Well/Facility Number: 16-1
Location QtrQtr: SWNE Section: 13 Township: 2S Range: 55W Meridian: 6PM

Complete the Attachment Checklist
Table with columns: Oper, OGCC and rows: Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number

SHUT-IN PRODUCTION WELL [X] INJECTION WELL []
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): D-Sand
Perforated Interval: 4897-4899
Open Hole Interval: NA
Casing Test: Bridge Plug or Cement Plug Depth 4850
Tubing Casing/Annulus Test
Tubing Size: NA Tubing Depth: NA Top Packer Depth: NA Multiple Packers?: [X] Yes [] No
Test Data
Test Date: 05/30/2017 Well Status During Test: TA
Casing Pressure Before Test: 0 Initial Tubing Pressure: NA Final Tubing Pressure: NA
Casing Pressure Start Test: 378 Casing Pressure - 5 Min.: 378 Casing Pressure - 10 Min.: 378 Casing Pressure Final Test: 378 Pressure Loss or Gain During Test: 0
Test Witnessed by State Representative? [X] Yes [] No
OGCC Field Representative (Print Name): Susan Sherman

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

Print Name: Randy Wheat Title: Manager Date: 05/30/2017

OGCC Approval: Susan Sherman Title: Field Inspector Date: 5/31/17

Conditions of Approval, if any: BH slight puff died immediately
Form 42 # 2226654
Inspection # 673715519 23 SES