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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 a 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.

Complete the Attachment Checklist

OGCC Operator Number:
Name of Operator: Pioneer Natural Resources
Address: 5205 N O'Conner Blvd. ste 200
City: Irving State: TX Zip: 75039
Contact Name and Telephone: Virginia Tijerina
No: (972) 969-5837
Email: virginia.tijerina@pxd.com
API Number: 05-071-09583-0000 OGCC Facility ID Number:
Well/Facility Name: Lafawnda Well/Facility Number: 44-18
Location QtrQtr: SESE Section: 18 Township: 32S Range: 65W Meridian:

Table with columns for Attachment Checklist (Oper, OGCC) and rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

- Test Type:
[] SHUT-IN PRODUCTION WELL [] INJECTION WELL
[] 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: Vermejo, 1527'-1655', NA
Casing Test: NA
Tubing Casing/Annulus Test: Tubing Size: 2 7/8, Tubing Depth: 1500, Top Packer Depth: 1500, Multiple Packers? [] Yes [x] No
Test Data: Test Date: 08/29/2017, Well Status During Test: SI, Casing Pressure Before Test: 0, Initial Tubing Pressure: 0, Final Tubing Pressure: 0, Casing Pressure Start Test: 318, Casing Pressure - 5 Min: 320, Casing Pressure - 10 Min: 320, Casing Pressure Final Test: 322, Pressure Loss or Gain During Test: 4 psi gain

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

Print Name: Jack Wiseman
Signed: [Signature] Title: Production Foreman Date: 08/29/2017
OGCC Approval: Title: Date:
Conditions of Approval, if any: