

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:

401571290

Date Received:

03/12/2018

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.
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: 100322 Contact Name: Brian Ulmer
Name of Operator: NOBLE ENERGY INC Phone: (303) 905-4467
Address: 1001 NOBLE ENERGY WAY
City: HOUSTON State: TX Zip: 77070 Email: brian.ulmer@nbenergy.com
API Number: 05-123-26815 OGCC Facility ID Number: 296519
Well/Facility Name: WELLS RANCH AA Well/Facility Number: 21-01
Location QtrQtr: NENE Section: 21 Township: 6N Range: 63W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:
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 Casing Test
Injection Producing Zone(s) Perforated Interval Open Hole Interval
NB-CD 6475-6589/6748-6762
Tubing Casing/Annulus Test
Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers?
Bridge Plug or Cement Plug Depth: 6430

Test Data (Use -1 for a vacuum)
Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure.
Table with 5 columns: Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain.

Test Witnessed by State Representative? OGCC Field Representative

OPERATOR COMMENTS:

Initial Surface Casing Pressure: 0 psi
5 min: 0 psi
10 min: 0 psi
15 min: 0 psi

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

Signed: Print Name: Stephanie Dionne
Title: Engineering Tech Email: stephanie.dionne@nbenergy.com Date: 3/12/2018

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

COGCC Approved: Difima, Edith

Date: 3/16/2018

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401571290	FORM 21 SUBMITTED
401571329	FORM 21 ORIGINAL
401571330	PRESSURE CHART

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Operator performed bhd test on 12/04/2017 Doc#401475688- BLEWDOWN TO ZERO NO PSI NO FLOW AT END OF TEST	03/14/2018

Total: 1 comment(s)