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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

Complete the Attachment Checklist

- 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.

OGCC Operator Number: 100322
Name of Operator: NOBLE ENERGY INC
Address: 1001 NOBLE ENERGY WAY
City: HOUSTON State: TX Zip: 77070
API Number: 05-123-28053
Well/Facility Name: DPG
Location Qtr: SESW Section: 1 Township: 5N Range: 65W Meridian: 6

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

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:

- Test Type:
[checked] Test to Maintain SI/TA status
[ ] Verification of Repairs
[ ] 5- year UIC
[ ] Annual UIC Test
[ ] Reset Packer

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test
Injection/Producing Zone(s): CD/NB
Perforated Interval: 6619-6943
Open Hole Interval:
Casing Test
Bridge Plug or Cement Plug Depth: 6571

Tubing Casing/Annulus Test
Tubing Size: 2 3/8
Tubing Depth: 2488
Top Packer Depth:
Multiple Packers? [ ] Yes [ ] No

Test Data table with columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure, Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain During Test.

Test Witnessed by State Representative? [ ] Yes [x] No
OGCC Field Representative (Print Name):

Initial Surface: 12 5 Minute: 12 10 Minute: 12 15 Minute: 12 Final Pressure: 12

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

Print Name: Rick Sheets
Signed: [Signature] Title: WSL Date: 6-2-18

OGCC Approval: Title: Date:

Conditions of Approval, if any: