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FORM 21 Rev 9/14

State of Colorado Oil and Gas Conservation Commission



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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: \_\_\_\_\_ Contact Name and Telephone: Virginia Tijerina
Name of Operator: Pioneer Natural Resources
Address: 5205 N O'Conner BLVD, ste 200
City: Irving State: TX Zip: 75039
API Number: 05-071-09064-0000 OGCC Facility ID Number: \_\_\_\_\_
Well/Facility Name: Cucumber Well/Facility Number: 43-5 R
Location QtrQtr: NESE Section: 5 Township: 32S Range: 67W Meridian: \_\_\_\_\_

Table with 2 columns: Oper, OGCC. Rows include Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

[X] SHUT-IN PRODUCTION WELL [ ] INJECTION WELL Last MIT Date: \_\_\_\_\_

Test Type:

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

Describe Repairs or Other Well Activities: Set CIBP @ 2130'

Wellbore Data at Time of Test: Injection/Producing Zone(s) Raton/Vermejo, Perforated interval: RTN- 2140'-3224', VER - 3433'-3485', Open Hole Interval: NA
Casing Test: Bridge Plug or Cement Plug Depth 2130'
Tubing Casing/Annulus Test: Tubing Size: NA, Tubing Depth: NA, Top Packer Depth: NA, Multiple Packers?: [ ] Yes [X] No
Test Data: Test Date 06/05/2018, Well Status During Test SI, Casing Pressure Before Test 0 psig, Initial Tubing Pressure NA, Final Tubing Pressure NA
Casing Pressure Start Test 416 psig, Casing Pressure - 5 Min. 416 psig, Casing Pressure - 10 Min. 417 psig, Casing Pressure Final Test 418 psig, Pressure Loss or Gain During Test 2 psig gain
Test Witnessed by State Representative? [ ] Yes [X] No OGCC Field Representative (Print Name): \_\_\_\_\_

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: 06/06/2018

OGCC Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval, if any: