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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

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

OGCC Operator Number: 10634
Name of Operator: P.O&G. OPERATING LLC
Address: 5847 SAN FELIPE SUITE 3200
City: HOUSTON State: TX Zip: 77057
API Number: 05-063-06271 OGCC Facility ID Number: 213712
Well/Facility Name: Beeson Well/Facility Number: #4-21
Location QtrQtr: NWNW Section: 21 Township: 10S Range: 45W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL

Last MIT Date: 06/21/2013

Test Type:

- 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 (Lansing, 4,603'-4,865', N/A)
Tubing Casing/Annulus Test (2-7/8", 4,545', 4,545')
Test Data (6/21/18, SI, 0 PSI, -25" Hg)
OGCC Field Representative: Brian Welsh

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

Print Name: GLENN HUDSON
Signed: [Signature] Title: ENGINEER Date: 06/20/2018
OGCC Approval: Brian Welsh Title: Field Inspector Date: 06/21/18

Conditions of Approval, if any:

Form 42 # 401672703 (Form was submitted by HRM Resources)
Insp Doc # 677900568