

**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:  
401701741  
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 an OGCC representative. Injection well tests must be 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: <u>97810</u>	Contact Name <u>Alan Ennis</u>				
Name of Operator: <u>EOG Y RESOURCES INC</u>	Phone: <u>(307) 382-4005</u>				
Address: <u>105 SOUTH 4TH ST</u>					
City: <u>ARTESIA</u>	State: <u>NM</u>	Zip: <u>88210</u>	Email: <u>alan_ennis@eogresources.com</u>		
API Number : 05- <u>081-07328</u>				OGCC Facility ID Number: <u>285957</u>	
Well/Facility Name: <u>LANDING STRIP FEDERAL</u>			Well/Facility Number: <u>1</u>		
Location QtrQtr: <u>NWSW</u>	Section: <u>6</u>	Township: <u>9N</u>	Range: <u>90W</u>	Meridian: <u>6</u>	
				Pressure Chart	
				Cement Bond Log	
				Tracer Survey	
				Temperature Survey	
				Inspection Number	

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		
LWIS	3682-4111			
Tubing Casing/Annulus Test				Bridge Plug or Cement Plug Depth <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
1.995	3634.8	3628	<input type="checkbox"/>	

**Test Data (Use -1 for a vacuum)**

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
07-24-2018	SHUT -IN	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
400	400	400	400	0

Test Witnessed by State Representative?       OGCC Field Representative Waldron, Emily

OPERATOR COMMENTS:

Inspection document #689801418

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

Signed: \_\_\_\_\_ Print Name: Stephanie Allman  
Title: ASST Operations      Email: stephanie\_allman@eogresources.com      Date: \_\_\_\_\_

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

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

\_\_\_\_\_

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401701804	OTHER
401701805	OTHER
401714027	FORM 21 ORIGINAL
401715307	OTHER

Total Attach: 4 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)