

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:
401765963
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>10646</u>	Contact Name <u>Philip Antonioli</u>				
Name of Operator: <u>AXIS EXPLORATION LLC</u>	Phone: <u>(720) 354-4603</u>				
Address: <u>370 17TH ST SUITE 5300</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>	Email: <u>PAntonioli@extractionog.com</u>		
API Number : 05- <u>005-07000</u>				OGCC Facility ID Number: <u>204915</u>	
Well/Facility Name: <u>BENNETT</u>			Well/Facility Number: <u>A-2</u>		
Location QtrQtr: <u>SWSE</u>	Section: <u>29</u>	Township: <u>4S</u>	Range: <u>63W</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		Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth. Bridge Plug or Cement Plug Depth <input style="width:100px; height:20px;" type="text"/>	
JSND	7891-7869				
Tubing Casing/Annulus Test					
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?		
2-3/8"	7772	7772	<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
09-17-2018	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
329	223	154	104	-225

Test Witnessed by State Representative? OGCC Field Representative _____

OPERATOR COMMENTS:

Performed uncharted test with RBP set at 7,787'. Test was leaking off. Picked up a packer and TIH to above RBP to make sure RBP was not leaking. RBP tested good. Performed Annulus Test above packer set at 7,772' and charted test for submittal to state. *Have been in contact with COGCC field representative Susan Sherman notifying her when we perform MIT test.

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

Signed: _____ Print Name: Philip Antonioli
Title: Production Engineer Email: PAntonioli@extractionog.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

Att Doc Num

Name

401765967	FAILED MECHANICAL INTEGRITY TEST
401765969	PRESSURE CHART
401765970	PRESSURE CHART

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)