

FORM  
21  
Rev 9/14STATE OF COLORADO  
Oil and Gas Conservation Commission

3120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



USE ONLY

Document Number:

Date Received:

## MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- An original pressure chart must accompany this report if the test was not witnessed by a OGCC representative.
- Injection wells tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be a minimum of 300 psig.
- New injection wells must be tested to maximum regulated injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form for submitting under provisions of Rule 206a (1) b. or c.
- OGCC notification must be provided 10 days prior to the test on Form 42.
- Packers or bridge plugs, etc. must be set within 150 feet of the perforated interval to be considered a valid test.

Complete the Checklist  
Attachment Checklist

OGCC Operator Number: <u>10464</u> LLC	Contact Name and Telephone	Oper	OGCC
Name of Operator: <u>CATAMOUNT ENERGY SERVICES</u>	<u>MARK WOIFE</u>	Pressure Chart	
Address: <u>1801 BROADWAY #1000</u>	No: <u>505 320 8470</u>	Cement Bond Log	
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>MWOIFE@CATAMOUNT.ES</u>	Facer Survey	
API Number: <u>05-007-0695</u> OGCC Facility ID Number: <u>CO9</u>	Well/Facility Number: <u>#1</u>	Temperature Survey	
Well/Facility Name: <u>Federal 26-1</u>	Well/Facility Number: <u>#1</u>	Inspection Number	
Location (CRD): <u>SW</u> Section: <u>26</u> Township: <u>34N</u> Range: <u>6W</u> Meridian: <u>CO9</u>			
<input checked="" type="checkbox"/> SHUT-IN PRODUCTION WELL <input type="checkbox"/> INJECTION WELL		Last MIT Date: <u>10/24/2012</u>	
Test Type:			
<input checked="" type="checkbox"/> Test to Maintain S/TA status		<input type="checkbox"/> 5-year UIC	
<input type="checkbox"/> Verification of Repairs		<input type="checkbox"/> Annual UIC Test	
Describe Repairs or Other Well Activities: <u>None</u>			

Wellbore Data at Time of Test		Casing Test	
Injection/Producing Zone(s): <u>SANCTO BLANCO / FRUITLAND COAL</u>	Perforated Interval: <u>3972'-3983' 4026'-4030'</u>	Open Hole Interval: <u>N/A</u>	Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased hole only with plug back total depth.
Tubing Casing/Annulus Test		Bridge Plug or Cement Plug Depth <u>CIBP 3920'</u>	
Tubing Size: <u>NONE</u>	Tubing Depth: <u>-</u>	Top Packer Depth: <u>-</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Test Data			
Test Date: <u>10/02/2012</u>	Well Status During Test: <u>SI</u>	Casing Pressure Before Test: <u>1 PSI</u>	Initial Tubing Pressure: <u>N/A</u>
Casing Pressure Start Test: <u>307 PSI</u>	Casing Pressure -5 Min: <u>305</u>	Casing Pressure -30 Min: <u>303</u>	Casing Pressure Final Test: <u>303</u>
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: MARK WOIFE  
 Signed: \_\_\_\_\_ Title: TOPMAN Date: 10/02/2012  
 OGCC Approval: (Signature) Title: Sub Field Insp. Date: 10/02/2012  
 Conditions of Approval, if any: Inspr Rep'd d 68530578

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