

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:
401813762
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>10531</u>	Contact Name <u>Dave Smith</u>				
Name of Operator: <u>VANGUARD OPERATING LLC</u>	Phone: <u>(970) 876-1959</u>				
Address: <u>5847 SAN FELIPE #3000</u>					
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77057</u>	Email: <u>dcsmith@vnrenergy.com</u>		
API Number : 05- <u>045-12499</u>				OGCC Facility ID Number: <u>285467</u>	
Well/Facility Name: <u>CIRCLE B LAND</u>			Well/Facility Number: <u>33B-35-692</u>		
Location QtrQtr: <u>NWSE</u>	Section: <u>35</u>	Township: <u>6S</u>	Range: <u>92W</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: Please reference COGCC Doc# 401780539 regarding details pertaining to this MIT.

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.	
<u>WMFK</u>	<u>4492-6589</u>				
Tubing Casing/Annulus Test					
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?		
<u>2.375</u>	<u>4472</u>	<u>4210</u>	<input type="checkbox"/>		
Bridge Plug or Cement Plug Depth <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>					

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
10-23-2018	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
504	505	505	505	

Test Witnessed by State Representative? OGCC Field Representative Holtz, Darin

OPERATOR COMMENTS:

This Form 21 would not validate without entering a "top of packer depth". Please see the attached Form 4 for clarification.

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

Signed: _____ Print Name: Scott Ghan

Title: Senior EHS Specialist Email: sghan@vnrenergy.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>
401813807	PRESSURE CHART
401813813	FORM 21 ORIGINAL

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)