

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:

401836700

Date Received:

11/14/2018

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.
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: 10110 Contact Name Max Trehus
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (970) 364-2814
Address: 1001 17TH STREET #2000
City: DENVER State: CO Zip: 80202 Email: mtrehus@gwogco.com
API Number: 05-123-45877 OGCC Facility ID Number: 453033
Well/Facility Name: Pierce DE Well/Facility Number: 26-054
Location QtrQtr: SESW Section: 23 Township: 8N Range: 66W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:
Test Type:
[X] 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) LYNS Perforated Interval 9474-9514
Tubing Casing/Annulus Test
Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers?
Bridge Plug or Cement Plug Depth 9400

Test Data (Use -1 for a vacuum)
Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure.
Table with 5 columns: Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain.

Test Witnessed by State Representative? OGCC Field Representative

OPERATOR COMMENTS:

Empty box for operator comments.

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

Signed: Title: Production Tech II Email: lharter@gwogco.com Print Name: Laura Harter Date: 11/14/2018

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

COGCC Approved: Daigle, Ryan Date: 11/26/2018

CONDITIONS OF APPROVAL, IF ANY:

Empty box for conditions of approval.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401836700	FORM 21 SUBMITTED
401836743	PRESSURE CHART
401839864	FORM 21 ORIGINAL

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Field staff was contacted, packer is within the permissible distance from the perforated interval portion of the wellbore, chart is included, pressure remained within acceptable parameters.	11/26/2018

Total: 1 comment(s)