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FORM  
21  
Rev 3/13State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109



FOR OGCC USE ONLY

## MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. Injection well tests must be witnessed by an OGCC representative.
5. New injection wells must be tested to maximum requested injection pressure.
6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
8. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
9. OGCC notification must be provided 10 days prior to the test via Form 42.
10. 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

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Other Report 1		
Other Report 2		

OGCC Operator Number: \_\_\_\_\_

Name of Operator: FEM

Contact Name and Telephone \_\_\_\_\_

Address: \_\_\_\_\_

No: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

API Number: \_\_\_\_\_

Field Name: \_\_\_\_\_

Field Number: \_\_\_\_\_

Well Name: MACAWNumber: 33-1

Location (QtrQtr, Sec, Twp, Rng, Meridian): \_\_\_\_\_

☐ SHUT-IN PRODUCTION WELL☐ INJECTION WELL

Facility No.: \_\_\_\_\_

## Part I. Pressure Test

☐ 5-Year UIC Test☐ Verification of Repairs☐

Test to Maintain SI/TA Status

☐

Tubing/Packer Leak

☐

Casing Leak

☐

Reset Packer

☐

Other (Describe): \_\_\_\_\_

Describe Repairs: \_\_\_\_\_

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s)		Perforated Interval: <input type="checkbox"/> NA		Use when perforations or open hole is isolated by bridge plug or cement plug	
<u>D Sand</u>		<u>6922-</u>		Bridge Plug or Cement Plug Depth	
Tubing Size:		Tubing Depth:		Tubing Casing/Annulus Test <input type="checkbox"/> NA	
<u>2 3/8</u>		<u>6869.29</u>		Multiple Packers?	
Top Packer Depth:		<u>6869.29</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>11-20-18</u>	<u>SIT</u>		<u>0</u>	<u>0</u>	<u>0</u>
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
	<u>500</u>	<u>509</u>	<u>518</u>	<u>18</u>	
Test Witnessed by State Representative?			OGCC Field Representative (Print Name):		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

## Part II. Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

☐ Tracer Survey☐ CBL or Equivalent☐ Temperature Survey

Run Date: \_\_\_\_\_

Run Date: \_\_\_\_\_

Run Date: \_\_\_\_\_

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

Print Name: ScotfieldSigned: Scotfield

Title: \_\_\_\_\_

Date: 12-14-18

OGCC Approval: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Conditions of Approval, if any: \_\_\_\_\_