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State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

FORM 21 Rev 3/13

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

Attachment Checklist table with columns for Oper and OGCC, and rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Other Report 1, Other Report 2.

OGCC Operator Number, Name of Operator (FEM), Address, City, State, Zip, API Number, Field Name, Field Number, Well Name (MACAW), Number (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:

Wellbore Data at Time of Test, Casing Test, Tubing Casing/Annulus Test, Test Data table with columns for Test Date, Well Status, Date of Last Approved MIT, Casing Pressure, Initial/Final Tubing Pressure, Starting/Final Casing Pressure, Pressure Loss or Gain.

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.

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

Print Name: Scofield

Signed: Scofield

Title:

Date: 12-14-18

OGCC Approval:

Title:

Date:

Conditions of Approval, if any: