FORM 21 Rev 3/13

State 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 a at 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

Address: _____

City: _____ State: _____ Zip: _____

Contact Name and Telephone

No: _____

Email: _____

API Number: _____ Field Name: _____ Field Number: _____

Well Name: STATE Number: 36-6

Location (QtrQtr, Sec, Twp, Rng, Meridian): _____

☐ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL Facility No.: _____

Part I. Pressure Test

☐ 5-Year UIC Test ☐ Test to Maintain SI/TA Status ☐ Reset Packer

☐ Verification of Repairs ☐ Tubing/Packer Leak ☐ Casing Leak ☐ Other (Describe): _____

Describe Repairs: _____

NA - Not Applicable

Wellbore Data at Time of Test

Injection/Producing Zone(s)	Perforated Interval: ☐ NA	Open Hole Interval: ☐ NA
D Sand		

Casing Test ☐ NA

Use when perforations or open hole is isolated by bridge plug or cement plug

Bridge Plug or Cement Plug Depth

Tubing Casing/Annulus Test ☐ NA

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
2 3/8	6584	6584	☐ Yes ☑ No

Test Data

Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
12-3-2018	S. I.		0	145	145

Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test
0	~~365~~ 366	~~365~~ 366	365.7	

Test Witnessed by State Representative? ☐ Yes ☑ No

OGCC Field Representative (Print Name): _____

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 Run Date: _____ ☐ CBL or Equivalent Run Date: _____ ☐ 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: 12-3-18

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: