

Inspection Photos
 Location Name: Carpenter 2-32
 API: 05-081-05363

FORM 21
 Rev 9/14

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State of Colorado
 Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 803, Denver, Colorado 80202 (303) 894-2100 Fax: (303) 894-2109

MECHANICAL INTEGRITY TEST

FOR OGCC USE ONLY

Document Number: _____
 Case Number: _____

Complete the Attachment Checklist

OGCC Operator Number: 45090
 Name of Operator: Kaiser Francis Oil Company
 Address: P. O. Box 21468
 City: Tulsa State: OK Zip: 74121
 API Number: 081-05363 OGCC Facility ID Number: 222373
 Well/Facility Name: Carpenter Well/Facility Number: 2-32
 Location Ord: NE3W Section: 32 Township: USN Range: 90W Meridian: 6

Contact Name and Telephone: Charlotte Van Valkenburg
 No: (918) 491-4314
 Email: Charlotv@kfoc.net

Pressure Chart _____
 Cement Bond Log _____
 Fracture Survey _____
 Temperature Survey _____
 Inspection Number _____

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: _____

Test Type:
 Test to Maintain S/TA status > 5-year UIC Reset Packler
 Verification of Repairs Annual UIC Test

Describe Repairs or Other Well Activities: Set CIBP @ 2940 w/10' cmt. Ran CBL TOC @ 2460'. Set CR @ 700' & sqz w/250 sxs cmt. No cmt to surf. Drill out to 2930'. Ran CBL TOC @ 650'. Perf @ 565'. Set CR @ 505' & sqz w/110 sxs cmt. Returns to surf. Drill out to 2900'. Perf @ 2720-2738 RIH w/1bg & pkr.

Wellbore Data at Time of Test
 Injection/Producing Zone(s): Upper Lewis perforated interval: 2720-2738 Open Hole Interval: n/a
 Casing Test: _____
 Use when perforations or open hole is isolated by bridge plug or cement plug; use if casing hole only with plug back total depth.

Tubing Casing/Annulus Test
 Tubing Size: 2 3/8 Tubing Depth: 2720 Top Packer Depth: 2640 Multiple Packers? Yes No

Test Data
 Test Date: 11/19/19 Well Status During Test: SI
 Casing Pressure Start Test: 435 ps. Pump Pressure: 433 ps. Casing Pressure: 430 ps. Using Pressure Field Test: 430 ps. Initial Tubing Pressure: 0 ps. Final Tubing Pressure: 0 ps.
 Pressure Loss or Gain During Test: _____

Test Witnessed by State Representative? Yes No OGCC Field Representative (Print Name): Emily Walcott

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

Name: Bill Law
 Signature: [Signature] Title: Field Foreman Date: 11/19/19
 OGCC approval: [Signature] Title: Field Inspector Date: 11/19/19

Comments or Approval, if any:
 Inspection document # 689802111

Photo 1. Photo of Form 21 as filled out in the field.