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State of Colorado  
Oil and Gas Conservation Commission



FORM  
21  
Rev 9/14

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

FOR OGCC USE ONLY

Document Number: \_\_\_\_\_

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

MECHANICAL INTEGRITY TEST

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

OGCC Operator Number: 10699 Contact Name and Telephone: Greg Jones

Name of Operator: Own Resources

Address: PO Box 250 No: (970) 332-3585

City: Wray State: CO Zip: 80758 Email: greg.jones@ownresources.com

API Number: 05-125-09739 OGCC Facility ID Number: \_\_\_\_\_

Well/Facility Name: Roth Well/Facility Number: 13-06

Location Qtr: NESW Section: 13 Township: 3N Range: 45W Meridian: 6

|                    | Oper | OGCC |
|--------------------|------|------|
| Pressure Chart     |      |      |
| Cement Bond Log    |      |      |
| Tracer Survey      |      |      |
| Temperature Survey |      |      |
| Inspection Number  |      |      |

SHUT-IN PRODUCTION WELL  INJECTION WELL Last MIT Date: \_\_\_\_\_

Test Type:

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)   | Perforated Interval: | Open Hole Interval: | Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth. |
| <u>Niobrara</u>               | <u>2433'-2440'</u>   |                     | Bridge Plug or Cement Plug Depth   |

| Tubing Casing/Annulus Test |               |                   |   |
|----------------------------|---------------|-------------------|---|
| Tubing Size:               | Tubing Depth: | Top Packer Depth: | Multiple Packers?   |
|                            |               | <u>1934'</u>      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Test Data   |                          |   |                            |                                   |
|---|--------------------------|---|----------------------------|-----------------------------------|
| Test Date   | Well Status During Test  | Casing Pressure Before Test             | Initial Tubing Pressure    | Final Tubing Pressure             |
| <u>02/13/2019</u>   | <u>SI</u>                | <u>515</u>                              |                            |                                   |
| Casing Pressure Start Test  | Casing Pressure - 5 Min. | Casing Pressure - 10 Min.               | Casing Pressure Final Test | Pressure Loss or Gain During Test |
| <u>510</u>  | <u>512</u>               | <u>515</u>                              | <u>515</u>                 | <u>+5</u>                         |
| Test Witnessed by State Representative?                             |                          | OGCC Field Representative (Print Name): |                            |                                   |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          | <u>Kym Schure</u>                       |                            |                                   |

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

Print Name: Greg Jones

Signed: [Signature] Title: Operations Manager Date: 02/13/2019

OGCC Approval: [Signature] Title: COGCC Date: 2-13-19

Conditions of Approval, if any:

FIR Doc # 680304606