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FORM
21
Rev 9/14

State of Colorado
Oil and Gas Conservation Commission



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

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 15 minutes.
2. 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.
3. For production wells, test pressures must be a at minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressurees must be at least 300 psig or average injection pressure, whichever is greater.
6. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
7. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
8. OGCC notification must be provided 10 days prior to the test via Form 42.
9. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

FOR OGCC USE ONLY

Document Number:
401959309

Date Received:

3/4/2019

Complete the
Attachment Checklist

Oper OGCC

Pressure Chart	<input checked="" type="checkbox"/>	
Cement Bond Log	<input type="checkbox"/>	
Tracer Survey	<input type="checkbox"/>	
Temperature Survey	<input type="checkbox"/>	
Inspection Number		

OGCC Operator Number: 47120
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP
Address: PO BOX 173779
City: DENVER State: CO Zip: 80217-3779
API Number: 05-123-29695-00 OGCC Facility ID Number: _____
Well/Facility Name: PARAGON X Well/Facility Number: 30-12
Location QtrQtr: NW SW Section: 30 Township: 2N Range: 65W Meridian: _____

Contact Name and Telephone

SABRINA FRANTZ

No: (970) 388-1139

Email: SABRINA.FRANTZ@ANADARKO.COM

☒ 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 Acitivities: _____

Casing Test

Use when perforations or open hole is isolated by
bridge plug or cement plug; use if cased-hole only with
plug back total depth.

Bridge Plug or Cement Plug Depth
7090'

Wellbore Data at Time of Test

Injection/Producing Zone(s) Perforated Interval: Open Hole Interval:

NIOBRARA, CODELL

7160'-7176', 7388'-7404'

Tubing Casing/Annulus Test

Tubing Size:

2 3/8"

Tubing Depth:

6572'

Top Packer Depth:

N/A

Multiple Packers?

☐ Yes

☒ No

Test Data

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>3/8/19</u>	<u>SI</u>	<u>0</u>		
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test
<u>418</u>	<u>416</u>	<u>415</u>	<u>414</u>	<u>4 PSI</u>

Test Witnessed by State Representative?

☐ Yes

☒ No

OGCC Field Representative (Print Name): _____

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

Print Name: CRAIG LIPPITT

Signed: Craig Lippitt

Title: WELLSITE SUPERVISOR

Date: 3/8/19

OGCC Approval: _____

Title: _____

Date: _____

Conditions of Approval, if any: