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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

FOR OGCC USE ONLY

Document Number:

Date Received:

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 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.

Complete the Attachment Checklist

OGCC Operator Number: 17180
Name of Operator: Citation Oil & Gas
Address: 14077 Cutten Road
City: Houston State: TX Zip: 77069
API Number: 05-017-06554 OGCC Facility ID Number:
Well/Facility Name: Sayles 33-29 Well/Facility Number: #4
Location QtrQtr: NW SE Section: 29 Township: 13S Range: 47W Meridian:

Table with 3 columns: Attachment Name, Oper, OGCC. Rows include Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

[X] SHUT-IN PRODUCTION WELL

[] INJECTION WELL

Last MIT Date:

Test Type:

[X] Test to Maintain SI/TA status

[] 5- year UIC

[] Reset Packer

[] Verification of Repairs

[] Annual UIC Test

Describe Repairs or Other Well Activities:

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 5246 w/25x5 cmt

Wellbore Data at Time of Test

Table with 3 columns: Injection/Producing Zone(s), Perforated Interval, Open Hole Interval. Values: MRROW, 5296-5300.

Tubing Casing/Annulus Test

Table with 4 columns: Tubing Size, Tubing Depth, Top Packer Depth, Multiple Packers?. Values: 2.875, [] Yes [X] No.

Test Data

Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure. Values: 3/26/19, TA, 0 PSI, NA, NA.

Table with 5 columns: Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain During Test. Values: 3600 PSI, 3600 PSI, 3600 PSI, 3600 PSI, 0 PSI.

Test Witnessed by State Representative?

[X] Yes [] No

OGCC Field Representative (Print Name):

Brian Webb

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

Print Name: Robert R. Rogers

Signed: Robert R. Rogers

Title: Production Foreman

Date: 3/26/19

OGCC Approval: Brian Webb

Title: Field Inspector

Date: 3/26/19

Conditions of Approval, if any:

Form 42 # 401979172
Insp Doc # 69260591