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FORM 21 Rev 9/14

State of Colorado
Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

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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: <u>47120</u>	Contact Name and Telephone <u>Mike Edgar</u>
Name of Operator: <u>Kerr McGee Oil & Gas</u>	No: <u>661-378-3364</u>
Address: <u>501 NORTH DIVISION BLVD</u>	Email: <u>mike.edgar@kredarko.com</u>
City: <u>Platteville</u> State: <u>CO</u> Zip: <u>80651</u>	
API Number: <u>0512317702</u> OGCC Facility ID Number: _____	
Well/Facility Name: <u>LPRC 33-1155</u> Well/Facility Number: _____	
Location QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	

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

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 Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.
Injection/Producing Zone(s) <u>Codwell</u>	Perforated Interval: <u>7200' - 7212'</u>	Open Hole Interval: <u>48'</u>	
			Bridge Plug or Cement Plug Depth <u>CIBP @ 7130'</u>

Tubing Casing/Annulus Test			
Tubing Size: <u>2-7/16"</u>	Tubing Depth; <u>6854'</u>	Top Packer Depth: <u>None</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data				
Test Date <u>4/3/2019</u>	Well Status During Test <u>Static</u>	Casing Pressure Before Test <u>0 PSI</u>	Initial Tubing Pressure <u>360</u>	Final Tubing Pressure <u>360</u>
Casing Pressure Start Test <u>360</u>	Casing Pressure - 5 Min. <u>360</u>	Casing Pressure - 10 Min. <u>360</u>	Casing Pressure Final Test <u>360</u>	Pressure Loss or Gain During Test <u>None</u>

Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OGCC Field Representative (Print Name): _____
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Mike Edgar

Signed: [Signature] Title: WSM Date: 4/3/2019

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: