

**FORM**  
**21**  
Rev  
08/14

**State of Colorado**  
**Oil and Gas Conservation Commission**

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



Document Number:

402014920

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. Injection well tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures 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. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
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

OP OGCC

OGCC Operator Number: <u>10654</u>	Contact Name <u>Kris Freeman</u>			Pressure Chart		
Name of Operator: <u>LASSO OIL &amp; GAS LLC</u>	Phone: <u>(972) 8101031</u>			Cement Bond Log		
Address: <u>3021 RIDGE RD #156</u>				Tracer Survey		
City: <u>ROCKWALL</u> State: <u>TX</u> Zip: <u>75032</u> Email: <u>Kfreeman@31operating.com</u>				Temperature Survey		
API Number : 05- <u>103-07880</u> OGCC Facility ID Number: <u>230221</u>				Inspection Number		
Well/Facility Name: <u>C &amp; K</u> Well/Facility Number: <u>1-6</u>						
Location QtrQtr: <u>NWSW</u> Section: <u>6</u> Township: <u>3S</u> Range: <u>100W</u> Meridian: <u>6</u>						

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: Began Pulling rods, wellhead was moving 2-3 inches off the ground with every pull. Did not Pressure test, Engineering team is working now to submit procedure to repair or plug the well.

Wellbore Data at Time of Test				<b>Casing Test</b> 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 <input style="width: 100px; height: 20px;" type="text"/>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
MNCAB	1654-3126			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
1.5	3030	N/A	<input type="checkbox"/>	

**Test Data (Use -1 for a vacuum)**

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
03-26-2019	SHUT -IN	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
0	0	0	0	0

Test Witnessed by State Representative?       OGCC Field Representative \_\_\_\_\_

OPERATOR COMMENTS:

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

Signed: \_\_\_\_\_ Print Name: Kris Freeman  
 Title: Operations Email: Kfreeman@31operating.com Date: \_\_\_\_\_

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

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

**CONDITIONS OF APPROVAL, IF ANY:**

**Attachment Check List**

**Att Doc Num**      **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)