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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 a 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 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. 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: 95620
Name of Operator: Western Operating Company
Address: 1165 Delaware Street, Suite 200
City: Denver State: CO Zip: 80204
API Number: 05-121-6581 OGCC Facility ID Number: 234460
Well/Facility Name: Bobcat D Sand Unit Well/Facility Number: 19
Location QtrQtr: NESW Section: 9 Township: 1 S Range: 56W Meridian: 6th

Table with columns for Oper and OGCC, rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number (688304471)

SHUT-IN PRODUCTION WELL INJECTION WELL

Last MIT Date: 04/29/2014

Test Type:

- Test to Maintain SI/TA status
Verification of Repairs
5-year UIC
Annual UIC Test
Reset Packer

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test: DSND, 5131-5166
Casing Test: Bridge Plug or Cement Plug Depth
Tubing Casing/Annulus Test: Tubing Size: 2 7/8", Tubing Depth: 5297, Top Packer Depth: 5297
Test Data: Test Date: 4/24/19, Well Status: TA, Casing Pressure Before Test: 0, Initial Tubing Pressure: NA, Final Tubing Pressure: NA

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

Print Name: Tim Crumley

Signed: [Signature] Title: Agent W. Op. Rep. Date: 4-24-19

OGCC Approval: [Signature] Title: Field Inspector Date: 4/24/19

Conditions of Approval, if any:

Bradenhead - dead