

FORM 21 Rev 9/14

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State of Colorado
Oil and Gas Conservation Commission



1170 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

- 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 an OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be at a 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: 95620
 Name of Operator: Western Operating Contact Name and Telephone: Tim Cumley
 Address: 1165 Delaware St #700 No: 970 768 5659
 City: Denver State: CO Zip: 80204 Email: tcumley@comcast
 API Number: 05121-00028 OGCC Facility ID Number: 234504 not
 Well/Facility Name: Bobcat D Sand Unit Well/Facility Number: 8
 Location Qtr: SESE Section: 4 Township: 1S Range: 56W Meridian: 6E

| | Oper | OGCC |
|--------------------|------------------|------|
| Pressure Chart | | |
| Cement Bond Log | | |
| Tracer Survey | | |
| Temperature Survey | | |
| Inspection Number | <u>688304508</u> | |

- SHUT-IN PRODUCTION WELL** **INJECTION WELL** Last MIT Date: 4/29/2014
- 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 | |
|--|--|--|--|--|
| Injection/Producing Zone(s) <u>DSND</u> | Perforated Interval: <u>5138 - 5160</u> | Open Hole Interval: | 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 <u>4965</u> | |
| Tubing Casing/Annulus Test | | | | |
| Tubing Size: <u>NA</u> | Tubing Depth: <u>NA</u> | Top Packer Depth: <u>NA</u> | Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Data | | | | |
| Test Date <u>4/24/19</u> | Well Status During Test <u>TA</u> | Casing Pressure Before Test <input checked="" type="checkbox"/> | Initial Tubing Pressure <u>NA</u> | Final Tubing Pressure <u>NA</u> |
| Casing Pressure Start Test <u>368</u> | Casing Pressure - 5 Min. <u>371</u> | Casing Pressure - 10 Min. <u>368</u> | Casing Pressure Final Test <u>366</u> | Pressure Loss or Gain During Test <u>-2</u> |
| Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | OGCC Field Representative (Print Name): <u>Susan Sherman</u> | | |

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

Print Name: Tim Cumley
 Signed: [Signature] Title: W.op. Rep. Date: 4-21-19
 OGCC Approval: [Signature] Title: Field Inspector Date: 4/24/19

Conditions of Approval, if any:

Bradenhead plumbed to surface, slight blow died immediately, casing slight blow died immediately.