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FORM
21
Rev 3/13

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

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. Injection well tests must be witnessed by an OGCC representative.
5. New injection wells must be tested to maximum requested injection pressure.
6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
8. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
9. OGCC notification must be provided 10 days prior to the test via Form 42.
10. 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

Oper OGCC

| | | | |
|---|-----------------------|----------------------------|--------|
| OGCC Operator Number: | | Contact Name and Telephone | |
| Name of Operator: <u>Foundation Energy Management</u> | | | |
| Address: | | No: | |
| City: | State: | Zip: | Email: |
| API Number: | Field Name: | Field Number: | |
| Well Name: <u>SAND</u> | Number: <u>28-6-1</u> | | |
| Location (Qtr, Sec, Twp, Rng, Meridian): | | | |

| | | |
|--------------------|--|--|
| Pressure Chart | | |
| Cement Bond Log | | |
| Tracer Survey | | |
| Temperature Survey | | |
| Other Report 1 | | |
| Other Report 2 | | |

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Facility No.: _____

Part I. Pressure Test

☐ 5-Year UIC Test

☐ Verification of Repairs

☐ Test to Maintain SI/TA Status

☐ Tubing/Packer Leak

☐ Reset Packer

☐ Casing Leak

☐ Other (Describe): _____

Describe Repairs: _____

| | | | | | |
|---|--|---|---|---|-----------------------------------|
| NA - Not Applicable | | Wellbore Data at Time of Test | | Casing Test <input type="checkbox"/> NA | |
| Injection/Producing Zone(s) | Perforated Interval: <input type="checkbox"/> NA | Open Hole Interval: <input type="checkbox"/> NA | Use when perforations or open hole is isolated by bridge plug or cement plug | | |
| <u>D Sand</u> | <u>6278</u> | | Bridge Plug or Cement Plug Depth | | |
| | | | <u>6228</u> | | |
| Tubing Casing/Annulus Test <input type="checkbox"/> NA | | | | | |
| Tubing Size: <u>2 1/2</u> | Tubing Depth: <u>6228</u> | Top Packer Depth: <u>6228</u> | Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Test Data | | | | | |
| Test Date: <u>1/19/18</u> | Well Status During Test: <u>SI</u> | Date of Last Approved MIT | Casing Pressure Before Test: <u>0</u> | Initial Tubing Pressure: <u>N/A</u> | Final Tubing Pressure: <u>N/A</u> |
| Starting Casing Test Pressure: <u>0</u> | Casing Pressure - 5 Min.: <u>403</u> | Casing Pressure - 10 Min.: <u>400</u> | Final Casing Pressure: <u>398</u> | Pressure Loss or Gain During Test: <u>5</u> | |
| Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | OGCC Field Representative (Print Name): | | |

Part II. Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

☐ Tracer Survey

Run Date:

☐ CBL or Equivalent

Run Date:

☐ Temperature Survey

Run Date:

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

Print Name: Scott

Signed: Scott

Title:

Date: 12-19-2018

OGCC Approval:

Title:

Date:

Conditions of Approval, if any: