

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:

401827825

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.
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: 10471	Contact Name: Julie Harris	Pressure Chart		
Name of Operator: ARP PRODUCTION COMPANY LLC	Phone: (817) 665-8836	Cement Bond Log		
Address: 425 HOUSTON STREET SUITE 300		Tracer Survey		
City: FORTH WORTH State: TX Zip: 76102 Email: jrharris@atlasenergy.com		Temperature Survey		
API Number: 05-071-06978	OGCC Facility ID Number: 256926	Inspection Number		
Well/Facility Name: VPR C	Well/Facility Number: 24			
Location QtrQtr: SESW Section: 6 Township: 35S Range: 66W Meridian: 6				

☒ 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. Bridge Plug or Cement Plug Depth 1857
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
VRMJ	1906-2090			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	

Test Data (Use -1 for a vacuum)

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
11-05-2018	TEMPORARILY ABANDONED	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
360	360	360	360	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: Julie Harris
Title: Director, HSE Email: jrharris@atlasenergy.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

401827831	PRESSURE CHART
402042910	FORM 21 ORIGINAL

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Engineer	Returned to draft. Form 21 Original is not attached.	05/13/2019
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Total: 1 comment(s)