

Inspection Photos
Location Name: Walker 3-3
API: 05-081-07099

FORM 21
Rev 3/14

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State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80202-1070 804-2400 Fax: (303) 894-2309

FOR OGCC USE ONLY

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Date Received: _____

Complete the Attachment Checklist

OGCC Operator Number: 10356
Name of Operator: SWN Production Company, L.L.C.
Address: 10000 Energy Drive
City: Spring State: TX Zip: 77389
API Number: 05-081-07099 OGCC Facility ID Number: 26022
Well/Facility Name: WALKER OGCC Field Representative (Print Name): Emily Waltema

Test Type: ☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL
☐ Test to Maintain S/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

Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:

Casing Test
(For where perforations or open hole is isolated by bridge plug or cement plug, use of casing hole only with plug back total depth.)
Bridge Plug or Cement Plug Depth: 3204'

Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Test Data

Test Date: 5/15/19	Well Shut-in During Test: 7 A	Casing Pressure Before Test: 250 psi	Initial Tubing Pressure: NA	Final Tubing Pressure: NA
Casing Pressure Start Test: 360 psi	Casing Pressure - 5 Min: 360 psi	Casing Pressure After Test: 360 psi	Casing Pressure After Test: 360 psi	Pressure Loss or Gain During Test: 0 psi

Test Witnessed by State Representative? ☒ Yes ☐ No

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

Print Name: Russ Sargent
Signed: [Signature] Title: _____ Date: 5-15-19
OGCC Approval: [Signature] Title: Field Inspector Date: 5/15/19
Conditions of Approval, Any: _____
Inspection Document # 689802650

Photo 1. Photo of test Form 21 as filled out and signed in the field.