

Inspection Photos
Location Name: Amelia 44-1
API: 05-081-07348

FORM 21
May 2014

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State of Colorado
Oil and Gas Conservation Commission
 1120 Lincoln Street, Suite 200, Denver, Colorado 80202 (303) 834-2100 Fax: (303) 834-2109

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test shall be a minimum of 15 minutes.
 2. An original pressure test shall be a minimum of 15 minutes.
 3. Wellbore tests shall be performed by a certified well technician or a OGC representative.
 4. For production wells, test results shall be a minimum of 15 minutes.
 5. For injection wells, test results shall be a minimum of 15 minutes.
 6. A minimum of 10 test pressure points shall be used for each well.
 7. Do not use this form if a well is not in production or if the well is not in production, well known to be greater.
 8. OGC regulations shall be recorded in the OGC file for the well.
 9. OGC regulations shall be recorded in the OGC file for the well.

FOR OGC USE ONLY

Document Number: _____
 Date Submitted: _____

Complete the Attachment Checklist

Pressure Check
 Cement Bond Log
 Casing Integrity
 Inspection Survey
 Injection Number

OGCC Operator Number: 12236

Name of Operator: SWAN Production Company LLC Contact Name and Telephone: Sydney Hansen
 Address: 10000 Energy Drive No: (303) 766-7874
 City: Spring State: TX Zip: 77389 Email: sydney_hansen@swan.com

API Number: 05-081-07348 OGC Facility ID Number: 267264
 Well/Track Name: AMELIA OGC Well/Track Number: 44-1

Location Order: SE-SE Section: 1 Township: 7N Range: 90W Sketch: S

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 10/12/14

Test Type:
 Test to Maintain S/T/A status 5 year UIC Repeat Pack
 Verification of Barriers Annual UIC Test

Describe Results or Other Well Activities: _____

Wellbore Data at Time of Test

Injection/Producing Zone(s)	Perforated Interval	Dupe Well Interval	Casing Test Use when perforation or open hole is isolated by bridge plug or cement plug. Use if logged hole only with plug back to depth.
			Bridge Plug or Cement Plug Depth 3575'

Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packoff Depth:	Multiple Packoffs? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Data

Leak Code	Well Status/Leak Test	Leak Pressure Before Test	Initial Casing Pressure	Final Casing Pressure
515119	TA	150 psi	NA	NA
Casing Pressure Start Test	Casing Pressure - 5 Min	Casing Pressure - 15 Min	Casing Pressure End Test	Pressure Loss or Gain/Leak Test
360 psi	360 psi	360 psi	380 psi	OPS

Test Witnessed by State Representative? Yes No OGC Field Representative (Print Name): Emily Waldron

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

Print Name: Russ Swartz
 Signed: Russ Swartz Title: Field Inspector Date: 5-15-19
 OGCC Approval: [Signature] Title: Field Inspector Date: 5/15/19
 Conditions of Approval: Inspection Document # 689802661

05.15.2019 15:39

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