

Inspection Photos  
Location Name: North Fork 43-12  
API: 05-081-07282

FORM 21 (Rev. 3/14)

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State of Colorado  
Oil and Gas Conservation Commission  
1330 Lincoln Street, Suite 803, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

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**MECHANICAL INTEGRITY TEST**

1. Duration of the pressure test must be a minimum of 30 minutes.  
2. An original pressure chart must accompany this report. This test was not witnessed by a OGC representative.  
3. For production wells, test pressures must be as witnessed by a OGC representative.  
4. For injection wells, test pressures must be a minimum of 300 psi.  
5. For all injection wells, test pressures must be tested to maximum regulated injection pressure.  
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 506 a.i.2 & c.  
8. OGC notification must be provided 10 days prior to the test via Form 43.  
9. Packings or bridge plugs, etc., must be set within 300 feet of the perforated interval to be considered a valid test.

Complete the Attachment Checklist

OGCC Operator Number: 10396 Contact Name and Telephone: Sydney Hansen  
Name of Operator: SWN Production Company, LLC No: (832) 796-7574  
Address: 10000 Energy Drive Email: sydney.hansen@swn.com  
City: Spring State: TX Zip: 77389  
API Number: 05-081-07282 OGCC Facility ID Number: 263864  
Well/Facility Name: NORTH FORK Well/Facility Number: 43-12  
Location Qtr/Sec: NE/SE Section: 12 Township: 7N Range: 93W Meridian: 6  
Last MIT Date: 08/18/2014

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL

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:

Casing Test  
Use when perforations or open hole is required by bridge plug or cement plug; use if cased-hole only with plug back total depth.  
Bridge Plug or Cement Plug Depth: 3370'

Wellbore Data at Time of Test  
Injection/Producing Zone(s): Perforated Interval: Open Hole Interval:

Tubing Casing/Annulus Test  
Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers? ☐ Yes ☐ No

Test Data  
Test Date: 5/16/19 Well Status During Test: 7A Casing Pressure Before Test: 0 PSI Initial Tubing Pressure: NA Final Tubing Pressure: NA  
Casing Pressure Start Test: 350 PSI Casing Pressure - 5 Min: 350 PSI Casing Pressure Post Test: 350 PSI Pressure Loss or Gain During Test: 0 PSI  
Test Witnessed by State Representative? ☒ Yes ☐ No OGCC 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.

Inspector Name: Russ Shnyder Date: 5-16-19  
Signature: [Signature] Title: Field Inspector Date: 5/16/19  
OGCC Approval: [Signature] Inspection Document # 689802668

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