Click here to reset the form

FORM 21 Rev 9/14

# 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

Document Number:

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 a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be a at minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressurees 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. OGCC notification must be provided 10 days prior to the test via Form 42.
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

| | Oper | OGCC |
|---|---|---|
| Pressure Chart | | |
| Cement Bond Log | | |
| Tracer Survey | | |
| Temperature Survey | | |
| | | |
| Inspection Number | | |

**OGCC Operator Number:**

Name of Operator: Evergreen Natural Resources

Address: 1801 Broadway , ste 350

City: Denver State: Co Zip: 80202

Contact Name and Telephone

Cheri Morgan

No: (719) 846-7898

Email: cheri.morgan@enrllc.com

API Number: 05-071-09251-0000 OGCC Facility ID Number:

Well/Facility Name: Heisman Well/Facility Number: 41-28 H

Location QtrQtr: NENE Section: 28 Township: 32S Range: 67W Meridian:

☑ **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 Acitivities: 3 slip stop and test plug set by Tefteller, Inc slick line @ 4,546', test plug left in 3 1/2" casing.

**Wellbore Data at Time of Test**

| Injection/Producing Zone(s) | Perforated Interval: | Open Hole Interval: |
|---|---|---|
| Pierre | 5304' -7463' | NA |

**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**

4546'

**Tubing Casing/Annulus Test**

| Tubing Size: | Tubing Depth: | Top Packer Depth: | Multiple Packers? |
|---|---|---|---|
| NA | NA | 4546' | ☐ Yes ☑ No |

**Test Data**

| Test Date | Well Status During Test | Casing Pressure Before Test | Initial Tubing Pressure | Final Tubing Pressure |
|---|---|---|---|---|
| 05/16/2019 | SI | 0 | NA | NA |

| Casing Pressure Start Test | Casing Pressure - 5 Min. | Casing Pressure - 10 Min. | Casing Pressure Final Test | Pressure Loss or Gain During Test |
|---|---|---|---|---|
| 395 psig | 395 psig | 395 psig | 395 psig | 0 |

Test Witnessed by State Representative? ☑ Yes ☐ No

OGCC Field Representative (Print Name): Tom Beardslee

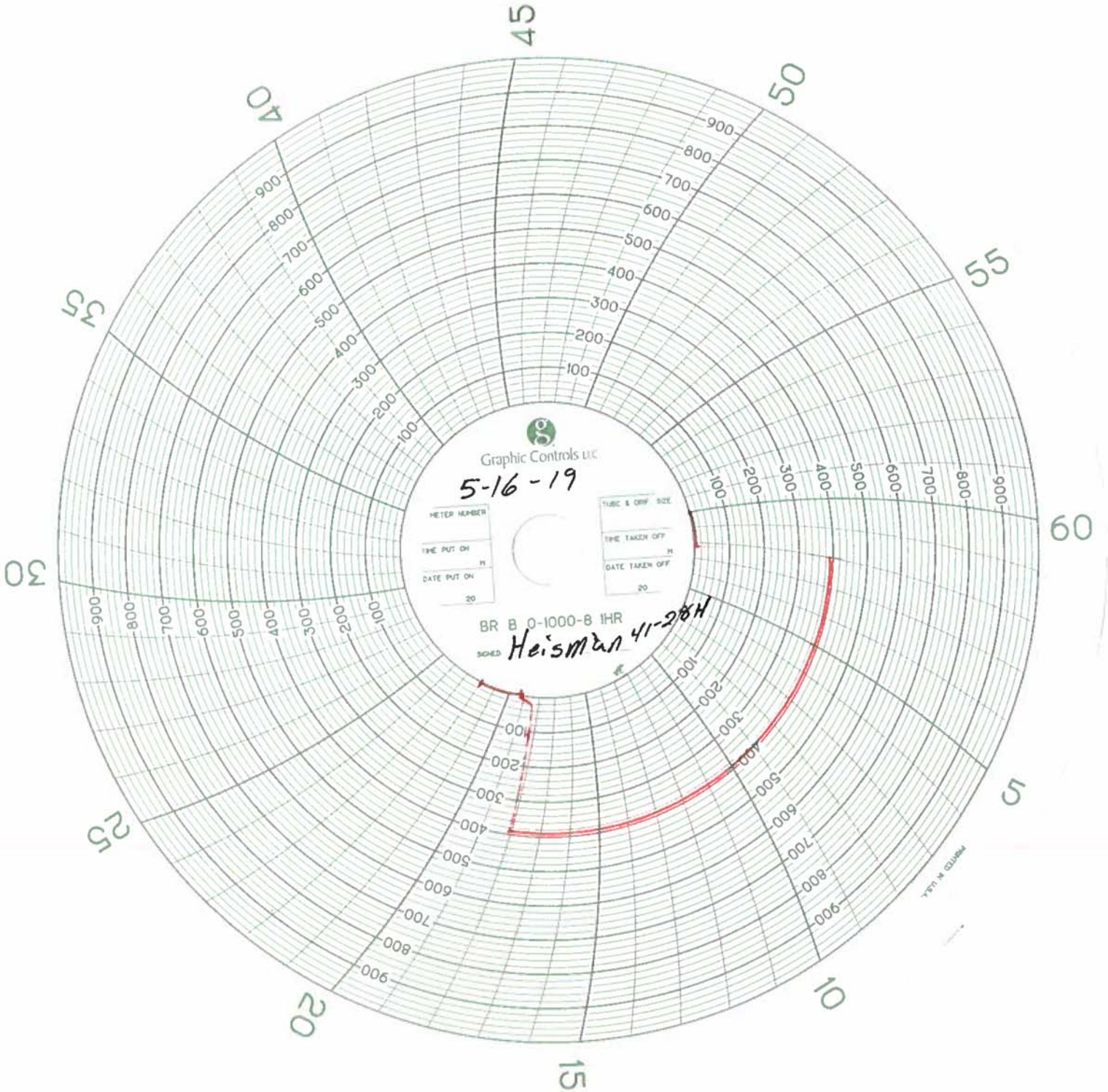
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Jack Wiseman

Signed: 5-23-19 Title: Completion Foreman Date: 05/16/2019

OGCC Approval: Title: Date:

**Conditions of Approval, if any:**


Graphic Controls LLC
5-16-19
METER NUMBER
TIME PUT ON
DATE PUT ON
TUBE & ORIF SIZE
TIME TAKEN OFF
DATE TAKEN OFF
BR B 0-1000-8 1HR
SIGNED
Heisman 41-28H

May 21, 2019

# EVERGREEN NATURAL RESOURCES, LLC

Heisman No. 41-28H
Las Animas County, CO
FILE: 2-67638-WL
05/15/19

Arrived on location, filled out JSA paperwork, and made tool string up of 1.50 of bar and jars. Ran 2.850 gauge ring to 5541,' tagged fish, and tripped out of hole. Clear casing. Ran 3" 'SB' running tool with 3" 3-Slip stop to 4547,' set, and tripped out of hole—sheared off 3-Slip stop. Ran 2 ½ 'SB' running tool with 3" Tubing test plug to 4546,' set, and sheared off, left 3" Test tubing plug in well. Rigged down, and went to next location.

Casing PSI: 3
Tubing PSI:
Casing Size: 3 1/2
Gauge Ring Size: 2.850
Total Slickline Depth: 5541'
Set Equipment @ 4546,' 4547'
Fluid Level @ 3550'

Mr. Jack Wiseman

*This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed If the well is deepened or sidetracked a new Form 5 is required If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report ) If the well has been plugged, a form 6 (Well Abandonment Report) is required*

**COGCC**

1 OGCC Operator Number 10084
2 Name of Operator Pioneer Natural Resources USA, Inc
3 Address 1401 17th Street, Suite 1200
City Denver State CO Zip 80202
4 Contact Name Judy Glinisty
Phone 303-675-2658
Fax 303-294-1275

Complete the Attachment Checklist

| | OP | OGCC |
|---|---|---|
| Logs | | |
| Directional Survey** | ✓ | |
| DST Analysis | | |
| Core Analysis | | |
| Cmt summary* | | |

5 API Number 05- 071-09251 6 County Las Animas
7 Well Name Heisman Well Number 41-28 H
8 Location (QtrQtr, Sec, Twp, Rng, Meridian) NE/NE Sec 28-T32S-R66W 6TH

Footage at surface 231 n FNL/FSL FNL 686 FEL/FWL FEL
As Drilled Latitude 37 23594 As Drilled Longitude -104 88669
GPS Data
Date of Measurement 10/12/2007 PDOP Reading 4 5 GPS Instrument Operator's Name Chris Sanchez

** If directional, footage at Top of Prod Zone 457 FNL/FSL FNL 698 FEL/FWL FEL Sec, Twp, Rng Same as above
** If directional, footage at Bottom Hole 2438 FNL/FSL FNL 786 FEL/FWL FEL Sec, Twp, Rng Same as above

9 Field Name Purgatoire River 10 Field Number 70830
11 Federal, Indian or State Lease Number N/A

15 Well Classification
☐ Dry ☐ Oil ☐ Gas
☐ Coalbed ☐ Disposal
☐ Stratigraphic
☐ Enhanced Recovery
☐ Gas Storage
☐ Oberservation
☐ Other

12 Spud Date (when the 1st bit hit the dirt) 4/27/2007
13 Date TD 5/25/2007
14 Date Casing Set or D&A 5/27/2007

16 Total Depth MD 7500' TVD** 5456'
17 Plug Back Total Depth MD N/A TVD** N/A

18 Elevations GR 7737' KB 7741'

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available

19 List Electric Logs Run Compensated Density, Cement Bond, Single Induction and Mud Logs

20 **CASING, LINER and CEMENT**

*If Cement Bond Log was not run, submit contractor's cement job summary for each string cemented

| String | Hole Size | Csg/Liner Size | Csg/Liner Top | Csg/Tool Setting Depth | Number of sacks cmt | Cement Top | Cement Bottom | CBL* | Calculated* |
|---|---|---|---|---|---|---|---|---|---|
| Conductor | 14 3/4" | 12 3/4" | Surface | 24' | 12 | Surface | 24' | | |
| Surface | 11" | 8 5/8" | Surface | 763' | 285 | Surface | 763' | | |
| Intermediate | 7 7/8" | 5 1/2" | Surface | 2981' | 560 | Surface | 2981' | | |
| Production | 4 3/4" | 3 1/2" | Surface | 7463' | 126 | 2950' | 7463' | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Stage, Squeeze, Remedial Cement Job | | | | | | | | | |
| | | | | | | | | | |
| Liner | | | | | | | | | |
| Liner | | | | | | | | | |

21 **FORMATION LOG INTERVALS AND TEST ZONES**

| FORMATION NAME | Measured Depth Top | Measured Depth Bottom | Check if applies DST | Cored |
|---|---|---|---|---|
| Raton | 1003' | 2356' | | |
| Vermejo | 2356' | 2765' | | |
| Trinidad | 2765' | 2885' | | |
| Pierre | 2885' | 4727' | | |
| | | | | |
| | | | | |
| | | | | |

All DST and Core Analyses must be submitted to COGCC

| COMMENTS |
|---|
| NOTE EXTERNAL CASING PACKER |
| SET AT 5340' CEMENTED FROM 5340' |
| TO 2950' |
| |
| |
| |
| |

# COMPLETED INTERVAL REPORT

JAN 23 2009
COGCC

The Completed Interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10084
2. Name of Operator: Pioneer Natural Resources USA, Inc.
3. Address: 1401 17th Street, Suite 1200
   City: Denver State: CO Zip: 80202
4. Contact Name: Judy Glinisty
   Phone: (303) 675-2658
   Fax: (303) 294-1275

Complete the Attachment Checklist

| | OP | OGCC |
|---|---|---|
| wellbore diagram | | |

5. API Number 05- 071-09251
6. County: Las Animas
7. Well Name: Heisman Well Number: 41-28 H
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NE/NE Sec.28-T32S-R66W

**FORMATION:** PRRE - PIERRE Status: Producing

Treatment Date: N/A Date of First Production this formation: 10/9/2007

Perforations Top: 5304' Bottom: 7463' No. Holes 16 Hole size: 0.48"

Provide a brief summary of the formation treatment: Open Hole ☐

- NOT FRACED -

- OPEN HOLE COMPLETION -

This formation is commingled with another formation ☐

**Test Information:**

Date: 10/11/2007 Hours: 24 Bbls oil: N/A Mcf Gas: 7.9 Bbls $H_2O$: 98

Calculated 24 hour rate: Bbls oil: N/A Mcf Gas: 7.9 Bbls $H_2O$: 98 GOR: N/A

Test Method: Pumping Casing PSI: 37.8 Tubing PSI: N/A Choke size: 12/64"

Gas Disposition: Sold Gas Type: Dry BTU Gas: 1003 API Gravity Oil: N/A

Tubing Size: N/A Tubing Setting Depth: N/A Tbg setting date: N/A Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeezed ☐ Yes ☐ No If yes number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

**FORMATION:** Status

Treatment Date: Date of First Production this formation:

Perforations Top: Bottom: No. Holes Hole size:

Provide a brief summary of the formation treatment: Open Hole ☐

This formation is commingled with another formation ☐

**Test Information:**

Date: Hours: Bbls oil: Mcf Gas: Bbls $H_2O$:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls $H_2O$: GOR:

Test Method: Casing PSI: Tubing PSI: Choke size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeezed ☐ Yes ☐ No If yes number of sacks cmt