

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:
402067144
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. Injection well tests must be 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: <u>10112</u> Contact Name <u>Alyssa Beard</u>	Pressure Chart		
Name of Operator: <u>FOUNDATION ENERGY MANAGEMENT LLC</u> Phone: <u>(303) 2448114</u>	Cement Bond Log		
Address: <u>5057 KELLER SPRINGS RD STE 650</u>	Tracer Survey		
City: <u>ADDISON</u> State: <u>TX</u> Zip: <u>75001</u> Email: <u>abeard@foundationenergy.com</u>	Temperature Survey		
API Number : 05- <u>123-18968</u> OGCC Facility ID Number: <u>251165</u>	Inspection Number		
Well/Facility Name: <u>SOONER</u> Well/Facility Number: <u>21-16-9</u>			
Location QtrQtr: <u>SESE</u> Section: <u>21</u> Township: <u>8N</u> Range: <u>58W</u> Meridian: <u>6</u>			

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 <input style="width:100px; height:20px;" type="text"/>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
DSND	6272-6298			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
2.875	6216	6232	<input type="checkbox"/>	

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
11-12-2018	SHUT -IN	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
0	364	364	350	350

Test Witnessed by State Representative? OGCC Field Representative _____

OPERATOR COMMENTS:

This MIT was performed in the midst of many others, and we recently realized our oversight of not submitting the test data for this well.
Thanks

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

Signed: _____ Print Name: Alyssa Beard
Title: EHS Manager Email: abeard@foundationenergy.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

402067190	PRESSURE CHART
402067229	FORM 21 ORIGINAL

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)