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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 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. 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

OGCC Operator Number:
Name of Operator: Noble Energy
Address:
City: State: Zip:
Contact Name and Telephone
No:
Email:
API Number: 05-123-26524 OGCC Facility ID Number:
Well/Facility Name: Wells Ranch USX BB Well/Facility Number: 15-15
Location Qtr: SWSE Section: 15 Township: SN Range: 63W Meridian: 6

Table with 2 columns: Attachment, Oper OGCC. Rows include Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:

- Test Type:
[X] Test to Maintain SI/TA status
[ ] Verification of Repairs
[ ] 5-year UIC
[ ] Annual UIC Test
[ ] Reset Packer

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test
Injection/Producing Zone(s): 7099-7148, 6640-6650, 6482-6378
Open Hole Interval: N/A
Casing Test: MIT Plug 5928-6625
Tubing Casing/Annulus Test: Tubing Size: 2 3/8, Tubing Depth: 6625, Top Packer Depth: N/A, Multiple Packers?: [X] No
Test Data: Test Date: 6/18/19, Well Status During Test: TA, Casing Pressure Before Test: 510, Initial Tubing Pressure: 0, Final Tubing Pressure: 0
Casing Pressure Start Test: 510, Casing Pressure - 5 Min.: 507, Casing Pressure - 10 Min.: 505, Casing Pressure Final Test: 504, Pressure Loss or Gain During Test: -6
Test Witnessed by State Representative? [X] No
OGCC Field Representative (Print Name):

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

Print Name: Wes Mobley

Signed: Wes Mobley Title: WellSite Supervisor Date: 6/18/19

OGCC Approval: Title: Date:

Conditions of Approval, if any: