

FORM
21
Rev 6/99State 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

RECEIVED

JAN 10 03

COGCC

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. For injection wells, test pressures must be at 300 psig or minimum injection pressure, whichever is greater.
5. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
6. Do not use this form if submitting under provisions of Rule 326.a. (1) B. or C.
7. OGCC notification must be provided prior to the test.
8. Packers or bridge plugs, etc., must be set within 250 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	

OGCC Operator Number:		Contact Name and Telephone	
Name of Operator: <u>WILLIAMS PROD. CO</u>		<u>JEFF PICKETT</u>	
Address: <u>16920 HIGHWAY 12</u>		No: <u>719-868-2703</u>	
City: <u>WESTON</u> State: <u>CO</u> Zip: <u>81091</u>		Fax: <u>719-868-2714</u>	
API Number: <u>05-071-07415</u> Field Name: <u>APACHE CANYON</u> Field Number: _____			
Well Name: <u>APACHE CANYON</u> Number: <u>13-12V</u>			
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW 13T 34S R68W</u>			

☒ SHUT-IN PRODUCTION WELL
 ☐ INJECTION WELL
 Facility No.: _____

Part I Pressure Test

- ☐ 5-Year UIC Test
 ☒ Test to Maintain SI/TA Status
 ☐ Reset Packer
- ☐ Verification of Repairs
 ☐ Tubing/Packer Leak
 ☐ Casing Leak
 ☐ Other (Describe): _____

Describe Repairs: _____

NA - Not Applicable	Wellbore Data at Time Test		Casing Test <input type="checkbox"/> NA
Injection/Producing Zone(s)	Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug
<u>VERMEJO</u>	<u>ON BACK</u>	<u>NONE</u>	Bridge Plug or Cement Plug Depth

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
<u>NOTUBING</u>	<u>NONE</u>	<u>1685'</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>12/27/02</u>	<u>SI</u>	<u>N/A</u>	<u>0#</u>	<u>N/A</u>	<u>N/A</u>
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
<u>390#</u>	<u>390#</u>	<u>390#</u>	<u>390#</u>	<u>0#</u>	

Test Witnessed by State Representative?	OGCC Field Representative:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>JOHN DURAN</u>

Part II Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

<input type="checkbox"/> Tracer Survey	<input type="checkbox"/> CBL or Equivalent	<input type="checkbox"/> Temperature Survey
Run Date: _____	Run Date: _____	Run Date: _____

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

Print Name: BILL B. BLANKSigned: BILL B. BLANK Title: TEAM LEADER Date: 12/27/02OGCC Approval: John B. Duran Title: PET Date: 12/27/02

Conditions of Approval, if any: _____

1856 - 1863
1880 - 1888
1923 - 1926
1915 - 1919
1902 - 1905
2064 - 2069

