



FORM 21 Rev 6/99

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
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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	
Injection/Producing Zone(s) <u>VERMEJO</u>	Perforated Interval: <input type="checkbox"/> NA <input checked="" type="checkbox"/> ON BACK	Open Hole Interval: <input checked="" type="checkbox"/> NA <input type="checkbox"/> NONE

Casing Test <input type="checkbox"/> NA
Use when perforations or open hole is isolated by bridge plug or cement plug
Bridge Plug or Cement Plug Depth

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size: <u>NOTUBING</u>	Tubing Depth: <u>NONE</u>	Top Packer Depth: <u>1685'</u>	Multiple Packers? <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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OGCC Field Representative: <u>JOHN DURAN</u>
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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 Run Date: _____	<input type="checkbox"/> CBL or Equivalent Run Date: _____	<input type="checkbox"/> Temperature Survey Run Date: _____
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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. BLANK

Signed: Bill B. Blank Title: TEAM LEADER Date: 12/27/02

OGCC 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

