

FORM 21 (Rev. 8-14)	<p style="color: red; font-weight: bold;">Click here to reset the form</p> <h2 style="margin: 0;">State of Colorado</h2> <h3 style="margin: 0;">Oil and Gas Conservation Commission</h3> <p style="font-size: small;">1330 Broadway Street, Suite R01, Denver, Colorado 80202 (303) 894-2335 Fax: (303) 894-2338</p>		<p style="font-size: x-small;">FOR OGC USE ONLY</p> <p style="text-align: right;">Document Number _____</p> <p style="text-align: right;">Date Received _____</p>
MECHANICAL INTEGRITY TEST			
<p style="font-size: x-small;">1. Duration of the pressure test must be a minimum of 15 minutes.</p> <p style="font-size: x-small;">2. An original pressure chart shall accompany this report if the test was not witnessed by a DGCT representative.</p> <p style="font-size: x-small;">3. Operations which result must be witnessed by a DGCT representative.</p> <p style="font-size: x-small;">4. New fracture seals, test pressures must be at or above 100 psi.</p> <p style="font-size: x-small;">5. New fracture seals must be tested to maximum recommended fracture pressure.</p> <p style="font-size: x-small;">6. For injection wells, test pressures must be at least 200 psi or lower as indicated per permit, whichever is greater.</p> <p style="font-size: x-small;">7. A minimum NOG for pressure pulses must be maintained between the testing and subsequent service operations.</p> <p style="font-size: x-small;">8. Per this use this form for submitting surface operations of flow (S, E, G, E, or C).</p> <p style="font-size: x-small;">9. DGCT notification must be provided 10 days prior to the test at OPS AG.</p> <p style="font-size: x-small;">10. Packer or bridge plug, etc., must be set within 100 feet of the test completion area to be considered a valid test.</p>			
OGC Operator Number: 46290		Contact Name and Telephone: Susana Lara-Mesa (303) 825-4822	
Name of Operator: KPK&J/Kennametal Company, Inc. Address: 1875 Broadway, STE 2800 City: Denver CO Zip: 80202		E-mail: slaramesa@kpk.com Phone Number: 255251	
Well ID Number: 05-057-06436 Well Name: MCCALLUM UNIT		Well Identification Number: 158	
Location County: DENVER Section: 35 Township: 10N Range: 7W Mileage: 6		Last MIT Date: 08/05/2014	
SHUT-IN PRODUCTION WELL INJECTION WELL			
<input type="checkbox"/> Test To Maintain Status <input checked="" type="checkbox"/> Annual UIC Test			
<input type="checkbox"/> SEMI PACKER			
Describe REPAIRS or OTHER Well Activities:			
<div style="float: right; width: 20%;"> Gelling Test <small>Use when well perforations or open hole is suspected to be plugged or cemented shut, and if cement has been used (plug back test results)</small> </div>			
Wellbore Data at Time of Test Estimated Completion Interval: _____ Depth from Meters: _____		Depth from Meters: _____ Bridge Plug or Cement Plug Depth: _____	
PIERRE B 386-406			
Tubing Casing/Annulus Test Tubing Size: 2 7/8" Casing Depth: 339' 100 Packer Depth: 347' Multiple Triggers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Date: 08/02/2019 Well Time Beginning Test: 5:25 Ending Test: 6:05 Pressure Below Seal: Ops Initial Surface Pressure: Ops Final Surface Pressure: Ops Initial Flow Rate - L/min: 760 pps Leaked Pressure - PSI: 760 pps Gross Pressure: 740 pps Actual Surface Pressure: Ops Fluid Withdrawn by State Representative? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OGC Field Representative (Phone Number): Emily Walborn			
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: <u>Jeffrey Ray Bosley</u> Title: <u>Production Supervisor</u> Date: <u>8-2-19</u> Signed: <u>[Signature]</u> Title: <u>Field Inspector</u> Date: <u>8/2/19</u> OGC Approval: <u>[Signature]</u> MWD Conditions of Approval, if any: <u>Operation Account # 689802453</u>			



COLORADO
Oil & Gas Conservation
Commission
Department of Natural Resources