

**Inspection Photos**  
**Location Name: McCallum Unit 143**  
**Location ID: 324718**

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**State of Colorado**  
**Oil and Gas Conservation Commission**  
1220 Lincoln Street, Suite 800, Denver, Colorado 80202 | 303.869.2122 | Fax 303.869.2123

**FORM 21**  
 New 2014

FOR OGC USE ONLY  
 Document Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

**MECHANICAL INTEGRITY TEST**

1. All dates of the previous tests on the well must be indicated.  
 2. The original pressure test and all accompanying logs, P & L's and well logs are available to OGC upon request.  
 3. The production well, test pressure shall be at least 100% of design.  
 4. The injection well, test pressure shall be at least 100% of design.  
 5. For intermittent wells, test pressure shall be at least 100% of design (pressure, pressure, and total height).  
 6. A minimum 100% of formation pressure shall be maintained throughout the entire well completion process.  
 7. OGC will not be held responsible for any damage to the well or surrounding area.  
 8. OGC will not be held responsible for any damage to the well or surrounding area.  
 9. OGC will not be held responsible for any damage to the well or surrounding area.

OGCC Operator Number: **46290**      Operator Name: **Susana Lara-Mesa**

Number of Completions: **KPKAuffmann Company, Inc**      Operator Name: **Susana Lara-Mesa**

Address: **1675 Elkway, STE 2000**      Phone: **(303) 825-8822**

City: **Denver**      State: **CO**      Zip: **80202**      Email: **slaramesa@kpk.com**

Well Name: **05-007-06402**      Well ID: **324718**

Well Completion Name: **MCCALLUM UNIT**      Well ID: **143**

Well Depth: **3000**      Well Type: **SN**      Well Status: **700V**      Well ID: **5**

SHUT-IN PRODUCTION WELL     INJECTION WELL    Last MIT Date: **08/02/2019**

Test Type:  1 year LK     5 year LK     Short Packer  
 1 year LK     5 year LK     Short Packer

Comments: Report on 2019 Test

**Wellbore Data at Time of Test**

Well Name: **PIERRE B 336-346**      Core Interval: \_\_\_\_\_

Current Casing Surface Elevation: \_\_\_\_\_      Top of Wellbore: \_\_\_\_\_

Well ID: **278**      Well ID: **272**      Well ID: \_\_\_\_\_

Test Date: **08/02/2019**      Test Time: \_\_\_\_\_

Test Pressure: **740 ps**      Test Pressure: **740 ps**      Test Pressure: **740 ps**      Test Pressure: **0 ps**

Test Duration: \_\_\_\_\_      Test Duration: \_\_\_\_\_      Test Duration: \_\_\_\_\_      Test Duration: \_\_\_\_\_

OGC Approval: \_\_\_\_\_      Date: **8-2-19**

Operator Approval: **Mesa**      Date: **8-2-19**

Inspection document # **189802965**

08.02.2019 13.27

**Photo 1. Photo of Form 21 as filled out and signed in the field.**