

FORM

21

Rev
08/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401800550

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. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
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

OP OGCC

OGCC Operator Number: 10412	Contact Name: Tim Hart	Pressure Chart		
Name of Operator: AUSCO PETROLEUM INC	Phone: (303) 999-5420	Cement Bond Log		
Address: 113 N SANTA FE AVENUE		Tracer Survey		
City: FLORENCE State: CO Zip: 81226 Email: thart@fremontpetroleum.com		Temperature Survey		
API Number: 05-043-06230	OGCC Facility ID Number: 451506	Inspection Number		
Well/Facility Name: Bird	Well/Facility Number: 13-18			
Location QtrQtr: NWSW Section: 18 Township: 20S Range: 69W Meridian: 6				

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL Last MIT Date: _____

Test Type:

☒ Test to Maintain SI/TA status ☐ 5-Year UIC ☐ Reset Packer

☐ Verification of Repairs ☐ Annual UIC TEST

☐ Describe Repairs or Other Well Activities: Operator engaged Gemini Wireline to set a 7" CIPB in the 7" intermediate string at 2470', capped with 5 sx cement. See "Attachments" for wireline job summary.

Wellbore Data at Time of Test				Casing Test Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth. Bridge Plug or Cement Plug Depth 2470
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
		2511'-4412'		
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
			<input type="checkbox"/>	

Test Data (Use -1 for a vacuum)

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
10-18-2018	TEMPORARILY ABANDONED	0		

Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
380	380	380	380	0

Test Witnessed by State Representative? ☐ OGCC Field Representative _____

OPERATOR COMMENTS:

The Pierre formation, initial target formation, was isolated in the 7" intermediate casing string by a 7" CIPB set at 2470', capped with 5 sx cement. No tubing was present in wellbore and MIT was conducted via 7" Intermediate casing.

NOTE: MIT Form was originally filed shortly after the test in October 2018 but operator failed to include the original field form as an attachment and was not aware of including it as an attachment until COGCC reviewed the submittal in April 2019. Operator has included the Original Form 21 that was completed by the field inspector at the time, John Duran, who has since retired. The Operator was unable to enter Mr. Duran's name as the inspector who witnessed the test because he is no longer on the dropdown listing. By not including the name, the e-form is unable to validate the information and results in an error. THEREFORE, Operator entered "NO" when prompted 'Yes or No' for "Test Witnessed by State Representative" and left the "OGCC Field Representative" blank to avoid the error. The Original Form 21 is completed and signed by John Duran.

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

Signed: _____ Print Name: Chris DelHiero
Title: Agent _____ Email: chris@CDHconsult.com _____ Date: _____

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401803820	MECHANICAL INTEGRITY TEST
401803821	PRESSURE CHART
401803823	OTHER
402189554	FORM 21 ORIGINAL

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Return to draft, Form 21 Original not attached.	04/26/2019

Total: 1 comment(s)