

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:

401939764

Date Received:

02/14/2019

## 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: 10489   | Contact Name: Greg Jones        | Pressure Chart     |  |  |
| Name of Operator: AUGUSTUS ENERGY RESOURCES LLC                       | Phone: (970) 3323585            | Cement Bond Log    |  |  |
| Address: 36695 HWY 385  |                                 | Tracer Survey      |  |  |
| City: WRAY State: CO Zip: 80758 Email: greg.jones@ownresources.com    |                                 | Temperature Survey |  |  |
| API Number: 05-125-09739  | OGCC Facility ID Number: 281875 | Inspection Number  |  |  |
| Well/Facility Name: ROTH  | Well/Facility Number: 13-6      |                    |  |  |
| Location QtrQtr: SENW Section: 13 Township: 3N Range: 45W 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: \_\_\_\_\_

| Wellbore Data at Time of Test |                     |                    |                          | Casing Test<br>Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.<br><br>Bridge Plug or Cement Plug Depth<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div> |
|-------------------------------|---------------------|--------------------|--------------------------|---|
| Injection Producing Zone(s)   | Perforated Interval | Open Hole Interval |                          |   |
| NBRR                          | 2433'-2440'         |                    |                          |   |
| Tubing Casing/Annulus Test    |                     |                    |                          |   |
| Tubing Size:                  | Tubing Depth:       | Top Packer Depth:  | Multiple Packers?        |   |
| 2.375                         | 1934'               | 1934'              | <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 |
|----------------------------|--------------------------|-----------------------------|----------------------------|-----------------------|
| 02-13-2019                 | SHUT -IN                 | 0                           | 0                          | 0                     |
| Casing Pressure Start Test | Casing Pressure - 5 Min. | Casing Pressure - 10 Min.   | Casing Pressure Final Test | Pressure Loss or Gain |
| 510                        | 512                      | 515                         | 515                        | 5                     |

Test Witnessed by State Representative? ☒ OGCC Field Representative Schure, Kym

## OPERATOR COMMENTS:

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

Signed: \_\_\_\_\_ Print Name: Greg Jones

Title: Operations Manager Email: greg.jones@ownresources.com Date: 2/14/2019

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

COGCC Approved: Abrams, Deborah Date: 10/29/2019

## CONDITIONS OF APPROVAL, IF ANY:

**Attachment Check List**

| <b><u>Att Doc Num</u></b> | <b><u>Name</u></b> |
|---------------------------|--------------------|
| 401939764                 | FORM 21 SUBMITTED  |
| 401939770                 | FORM 21 ORIGINAL   |

Total Attach: 2 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)