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FORM 21 Rev 9/14

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

Document Number:

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 a OGCC representative.
3. For production wells, test pressures must be 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. OGCC notification must be provided 10 days prior to the test via Form 42.
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

OGCC Operator Number: 46290
Name of Operator: KP KAUFFMAN COMPANY INC.
Address: 1675 BROADWAY STE. 2800
City: DENVER State: CO Zip: 80202
API Number: 05-123-09500 OGCC Facility ID Number: SPINDLE
Well/Facility Name: ANDERSON TRUST Well/Facility Number: 1
Location QtrQtr: NESE Section: 32 Township: 2N Range: 68W Meridian: 6

Table with 3 columns: Attachment Name, Oper, OGCC. Rows include Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

[X] SHUT-IN PRODUCTION WELL [] INJECTION WELL Last MIT Date: 10/27/2014

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: Injection/Producing Zone(s) SX-SH, Perforated Interval: 4470-4940
Tubing Casing/Annulus Test: Tubing Size: 2 3/8, Tubing Depth: 4242, Top Packer Depth: , Multiple Packers? [X] No
Test Data: Test Date: 10/23/2019, Well Status During Test: Shut in, Casing Pressure Before Test: 0, Initial Tubing Pressure: 0, Final Tubing Pressure: 0
Casing Pressure Start Test: 430 psi, Casing Pressure - 5 Min.: 425 psi, Casing Pressure - 10 Min.: 425 psi, Casing Pressure Final Test: 425 psi, Pressure Loss or Gain During Test: 5 psi
Test Witnessed by State Representative? [] Yes [X] No OGCC Field Representative (Print Name):

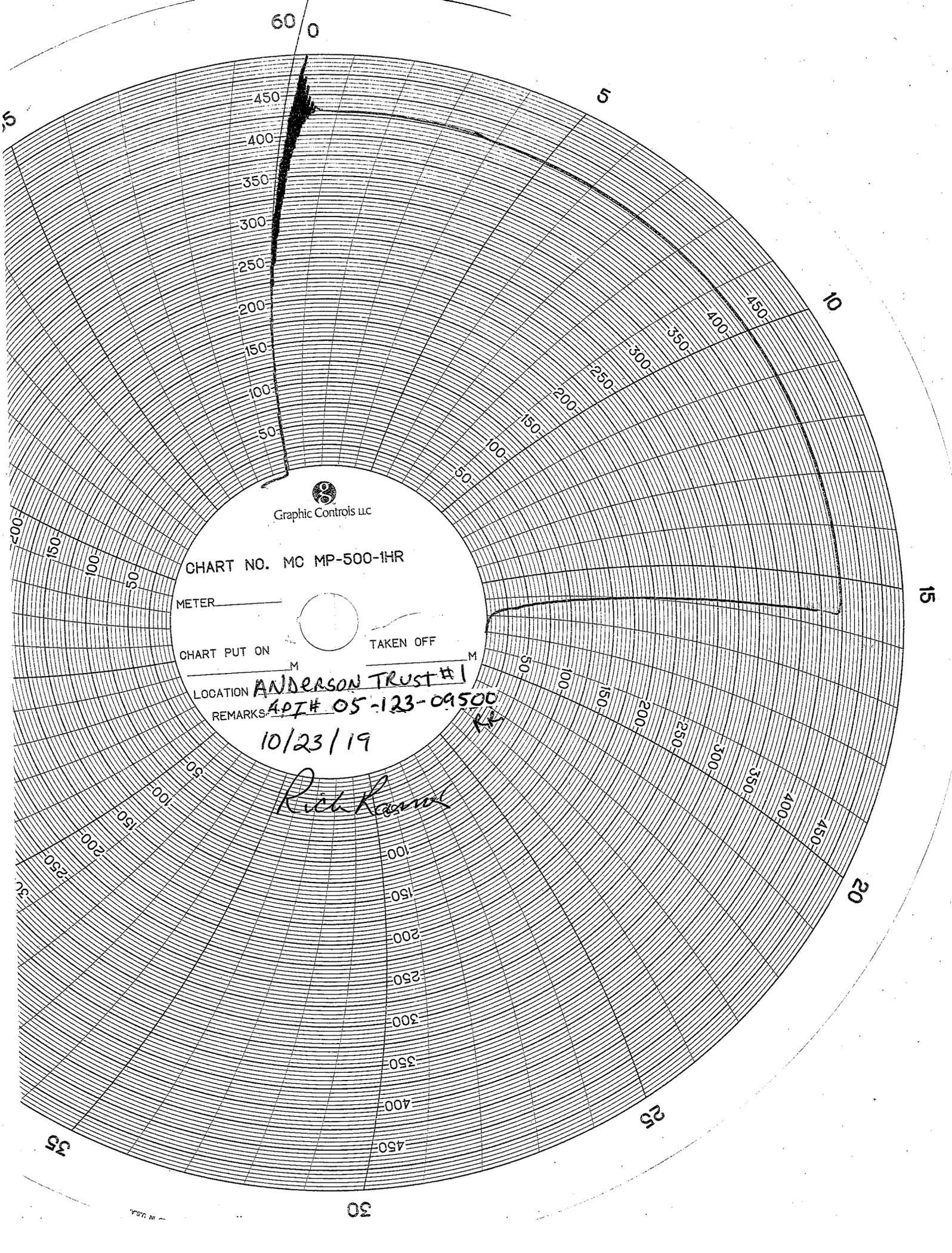
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Rick Ramos

Signed: [Signature] Title: Work over Supervisor Date: 10/23/2019

OGCC Approval: Title: Date:

Conditions of Approval, if any:



Graphic Controls LLC

CHART NO. MC MP-500-1HR

METER _____

CHART PUT ON _____

TAKEN OFF _____

LOCATION

ANDERSON TRUST #1

REMARKS

APT# 05-123-09500

10/23/19

Rich Kammal