

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:

402184273

Date Received:

09/20/2019

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: 47120 Contact Name: SABRINA FRANTZ
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 388-1139
Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-3779 Email: sabrina_frantz@oxy.com
API Number: 05-123-22043 OGCC Facility ID Number: 271393
Well/Facility Name: CANNON LAND Well/Facility Number: 7-18
Location QtrQtr: SWNE Section: 18 Township: 2N Range: 66W 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
Injection Producing Zone(s) Perforated Interval Open Hole Interval
NB-CD 7161-7178 7372-7390
Tubing Casing/Annulus Test
Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers?
Bridge Plug or Cement Plug Depth 7100

Test Data (Use -1 for a vacuum)
Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure.
Table with 5 columns: Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain.

Test Witnessed by State Representative? OGCC Field Representative

OPERATOR COMMENTS:

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

Signed: Title: STAFF REGULATORY ANALYST
Print Name: CHERYL LIGHT
Email: cheryl_light@oxy.com Date: 9/20/2019

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

COGCC Approved: Jacobson, Eric

Date: 11/1/2019

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402184273	FORM 21 SUBMITTED
402184278	FORM 21 ORIGINAL
402184279	PRESSURE CHART

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)