

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:

402332213

Date Received:

## MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- An original pressure chart must accompany this report if this test was not witnessed by an OGCC representative. Injection well tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a(1)B. or C.
- Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
- 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: <u>69175</u>	Contact Name <u>Christi Ng</u>	Pressure Chart		
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 860.5800</u>	Cement Bond Log		
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Tracer Survey		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u> Email: <u>christi.ng@pdce.com</u>		Temperature Survey		
API Number : <u>05-123-13273</u>	OGCC Facility ID Number: <u>245478</u>	Inspection Number		
Well/Facility Name: <u>HOSHIKO</u>	Well/Facility Number: <u>2-2</u>			
Location QtrQtr: <u>NWNE</u> Section: <u>2</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u>				

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		Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
NB-CD	6443-6552, 6731-6741				
Tubing Casing/Annulus Test				Bridge Plug or Cement Plug Depth	
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	<input type="text" value="6393"/>	
			<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
03-01-2020	SHUT -IN	0		
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
513	513	513	513	0

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: \_\_\_\_\_ Print Name: Christi Ng  
Title: Sr. Regulatory Tech Email: christi.ng@pdce.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>
402332237	FORM 21 ORIGINAL
402332238	PRESSURE CHART

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)