

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:

402363013

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: 69175 Contact Name Christi Ng
Name of Operator: PDC ENERGY INC Phone: (303) 860.5800
Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203 Email: christi.ng@pdce.com
API Number: 05-123-25076 OGCC Facility ID Number: 290394
Well/Facility Name: KINZER Well/Facility Number: 11-28
Location QtrQtr: NWNW Section: 28 Township: 5N Range: 67W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:
Test Type:
[X] 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) Perforated Interval Open Hole Interval
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 6720

Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure. Row 1: 03-18-2020, SHUT -IN, 0, 520, 520.

Test Witnessed by State Representative? [ ] OGCC Field Representative

OPERATOR COMMENTS: Test performed prior as part of offset mitigation. CIBP set at 6720' & 7504'.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. Signed: Sr. Regulatory Tech Print Name: Christi Ng 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>
402363019	FORM 21 ORIGINAL
402363021	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)