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04/09/2020 12:27:08 PM



COLORADO
Oil & Gas Conservation
Commission
Department of Natural Resources

Photo 1. Location.

Piceance Creek T35-12G API: 05-103-66512
Inspection: 700400921

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 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. 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

Oper OGCC

OGCC Operator Number: <u>100264</u>		Contact Name and Telephone	
Name of Operator: <u>XTO Energy Inc.</u>		No: <u>506-478-1608</u>	
Address: <u>21459 County Rd. 5</u>		Email: <u>Zackary.Simpson@XTOEnergy.com</u>	
City: <u>RD 18</u>	State: <u>CO</u>	Zip: <u>81650</u>	
API Number: <u>05103665120000</u>		OGCC Facility ID Number:	
Well/Facility Name: <u>USA Piceance Creek</u>		Well/Facility Number: <u>T35-12G</u>	
Location Qtr: <u>NESE</u> Section: <u>12</u> Township: <u>02S</u> Range: <u>07W</u> Meridian:			
<input type="checkbox"/> SHUT-IN PRODUCTION WELL <input checked="" type="checkbox"/> INJECTION WELL			
Test Type:		Last MIT Date: <u>04/09/2015</u>	
<input type="checkbox"/> Test to Maintain SI/TA status <input type="checkbox"/> Verification of Repairs		<input checked="" type="checkbox"/> 5-year UIC <input type="checkbox"/> Annual UIC Test	
<input type="checkbox"/> Reset Packer			
Describe Repairs or Other Well Activities:			

Wellbore Data at Time of Test		Casing Test	
Injection/Producing Zone(s): <u>Wasatch A</u>	Perforated Interval: <u>2476' - 3,004'</u>	Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
Tubing Casing/Annulus Test		Bridge Plug or Cement Plug Depth	
Tubing Size: <u>2 7/8" L-80</u>	Tubing Depth: <u>2449'</u>	<u>CTBP-3,020'</u>	
Top Packer Depth: <u>2426'</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data			
Test Date: <u>04/09/2020</u>	Well Status During Test: <u>T/A</u>	Casing Pressure Before Test: <u>0 psig</u>	Initial Tubing Pressure: <u>150 psig</u>
Casing Pressure Start Test: <u>510 psig</u>	Casing Pressure - 5 Min: <u>510 psig</u>	Casing Pressure - 10 Min: <u>510 psig</u>	Casing Pressure Final Test: <u>510 psig</u>
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): <u>Rick Moran</u>	

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

Print Name: Zackary Simpson (Production Foreman)

Signed: [Signature] Title: Production Foreman

OGCC Approval: _____ Title: _____

Conditions of Approval, if any: _____

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