

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:

402390475

Date Received:

05/05/2020

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: 16700 Contact Name ANITA SANFORD
Name of Operator: CHEVRON USA INC Phone: (970) 675-3842
Address: 100 CHEVRON ROAD
City: RANGELY State: CO Zip: 81648 Email: ATLX@CHEVRON.COM
API Number: 05-103-11019 OGCC Facility ID Number: 290713
Well/Facility Name: FEE Well/Facility Number: 157X
Location QtrQtr: SWSE Section: 17 Township: 2N Range: 102W 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) WEBR Perforated Interval Open Hole Interval 6374-6576
Tubing Casing/Annulus Test
Tubing Size: 2.875 Tubing Depth: 6387 Top Packer Depth: 6299 Multiple Packers?
Bridge Plug or Cement Plug Depth

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:

"DUE TO COVID-19 INSPECTOR DECLINED WITNESS OF TEST."

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

Signed: Print Name: ANITA SANFORD
Title: REGULATORY TECH.ASSISANT Email: ATLX@CHEVRON.COM Date: 5/5/2020

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

COGCC Approved: Katz, Aaron

Date: 5/11/2020

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num

Name

402390475	FORM 21 SUBMITTED
402390498	FORM 21 ORIGINAL

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Engineer	Note from Operator email: "DUE TO COVID-19 INSPECTOR DECLINED WITNESS OF TEST." Test data confirms that any losses are within the allowance and that the test stabilized the last 5 minutes of the test.	05/11/2020
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Total: 1 comment(s)