

Inspection Photos
Location Name: Anderson J A #1
API # 069-05037



Wellhead sign



HZ safety prep sign

Inspection Photos
Location Name: Anderson J A #1
API # 069-05037



Starting MIT casing pressure



5 minute casing pressure

Inspection Photos
Location Name: Anderson J A #1
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10 minute casing pressure



15 minute casing pressure

Inspection Photos

Location Name: Anderson J A #1

API # 069-05037

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State of Colorado
Oil and Gas Conservation Commission

1120 Larimer Street, Suite 800, Denver, Colorado 80202 (303) 856-2100 Fax: (303) 856-2109

FOR OGCC USE ONLY

Document Number: _____

Date Received: _____

Complete the Attachment Checklist

FORM 21
State 8/14

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 30 minutes.
 2. An original pressure chart must accompany this report if the test was not witnessed by a OGCC representative.
 3. Inspection wells must be inspected by an OGCC representative.
 4. For production wells, test pressure must be at or minimum of 200 psig.
 5. For injection wells, test pressure must be at or minimum of 200 psig or normal injection pressure, whichever is greater.
 6. Test pressure must be maintained for a minimum of 30 minutes.
 7. For production wells, test pressure must be maintained between the closing and releasing pressure.
 8. For injection wells, test pressure must be maintained between the closing and releasing pressure.
 9. OGCC notification must be provided to the operator at least 10 business days prior to the test via Form 42.
 10. OGCC notification must be provided to the operator at least 10 business days prior to the test via Form 42.

OGCC Operator Number: 82230 Contact Name and Telephone: _____
 Name of Operator: DeGard Logging Inc. No: 970667502
 Address: 2707 S. West Road Littleton, CO 80120 Email: degard@degard.com
 City: Littleton State: CO Zip: 80120 Telephone: _____
 API Number: 020691001 OGCC Facility ID Number: 218112
 Well/Field Name: Anderson JA Well/Field Number: 1 Production Number: 07290129
 Location: Section 34 - Section 35 Township 34 Range 35 INJECTION WELL SHUT-IN PRODUCTION WELL Recast Packer

Test Type:
 Test to Maintain SITA status
 Verification of Repair
 5-year UIC
 Annual UIC Test

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test		Casing Test	
Inspection/Production Depth	Inspection Interval	Open Hole Interval	Log when penetration of open hole is indicated by bridge plug or cement plug, use 1" round hole only with 1/2" long back check depth.
<u>NBRK</u>	<u>373-11-54</u>		<u>7500</u>

Tubing Casing/Annulus Test		Multiple Packers	
Tubing Size	Tubing Depth	Top Packer Depth	Multiple Packers
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data			
Test Date	OGCC Representative (Print Name)	OGCC Field Representative (Print Name)	OGCC Field Representative (Print Name)
<u>5/14/20</u>	<u>ROSS WAIN</u>	<u>ROSS WAIN</u>	<u>ROSS WAIN</u>
<u>4/23</u>	<u>ROSS WAIN</u>	<u>ROSS WAIN</u>	<u>ROSS WAIN</u>

Test Witnessed by State Representative? Yes No

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

Print Name: Ross Wain Title: Inspector Date: 5/14/20
 Signed: _____
 OGCC Approval: _____
 Conditions of Approval, if any: _____

Form 21