

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:

402403477

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: 52530 Contact Name: Ross Warner
Name of Operator: MAGPIE OPERATING INC Phone: (970) 6696308
Address: 2707 SOUTH COUNTY RD 11
City: LOVELAND State: CO Zip: 80537 Email: ross.magpieoil@gmail.com

Table with 3 columns and 5 rows for tracking attachments: Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

API Number: 05-069-06114 OGCC Facility ID Number: 216927
Well/Facility Name: HALE Well/Facility Number: 3
Location QtrQtr: SWSE Section: 31 Township: 5N Range: 68W Meridian: 6

Test Type selection: SHUT-IN PRODUCTION WELL (checked), INJECTION WELL.
Test Type: Test to Maintain SI/TA status (checked), 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) NBRR, Perforated Interval 4554-4764, Open Hole Interval.
Tubing Casing/Annulus Test: Tubing Size, Tubing Depth, Top Packer Depth, Multiple Packers?
Casing Test: Bridge Plug or Cement Plug Depth 4510

Test Data (Use -1 for a vacuum) table with columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure, 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? (checked) OGCC Field Representative: Peterson, Tom

OPERATOR COMMENTS: [Empty box]

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: [Signature] Print Name: Ross Warner
Title: Compliance Email: ross.magpieoil@gmail.com Date: [Date]

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

CONDITIONS OF APPROVAL, IF ANY: [Empty box]

## Attachment Check List

**Att Doc Num**

**Name**

402403482

FORM 21 ORIGINAL

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)