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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 a OGCC representative.
3. For production wells, test pressures must be at 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

OGCC Operator Number:	Contact Name and Telephone
Name of Operator:	
Address:	No:
City: State: Zip:	Email:
API Number: 05-123-36610	OGCC Facility ID Number:
Well/Facility Name: Land JG	Well/Facility Number: 31-320
Location Qtr:	Section: Township: Range: Meridian:

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Last MIT Date: 5/27/2015

Test Type:

- ☒ Test to Maintain SI/TA status
☐ Verification of Repairs

- ☐ 5-year UIC
☐ Annual UIC Test

☐ Reset Packer

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test			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.	
Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	Bridge Plug or Cement Plug Depth 7923	
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date 5/21/2020	Well Status During Test SI	Casing Pressure Before Test 0	Initial Tubing Pressure	Final Tubing Pressure
Casing Pressure Start Test 410	Casing Pressure - 5 Min. 406	Casing Pressure - 10 Min. 405	Casing Pressure Final Test 404	Pressure Loss or Gain During Test -6
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			OGCC Field Representative (Print Name):	

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

Print Name:

Signed:

Title:

Date:

OGCC Approval:

Title:

Date:

Conditions of Approval, if any: