

Click here to reset the form

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. Injection wells tests must be 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

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

OGCC Operator Number: 17320  
Name of Operator: City & County of Denver  
Address: 8500 Pena Blvd AOB  
City: Denver State: CO Zip: 80602  
API Number: 05-001-06829 OGCC Facility ID Number:  
Well/Facility Name: Box Elder Well/Facility Number: K2  
Location Qtr: SW1/4 Section: 6 Township: 2S Range: 65W Meridian: 6

Contact Name and Telephone  
Julie Branting

No: (303) 638-7484

Email: petropro@comcast.net

☒ 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:

<b>Wellbore Data at Time of Test</b>			<b>Casing Test</b> 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) JSND	Perforated Interval: 8212-8362	Open Hole Interval:	Bridge Plug or Cement Plug Depth 8160	
<b>Tubing Casing/Annulus Test</b>				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Data</b>				
Test Date 6-8-2020	Well Status During Test SI	Casing Pressure Before Test 0	Initial Tubing Pressure	Final Tubing Pressure
Casing Pressure Start Test 343.4	Casing Pressure - 5 Min. 343.2	Casing Pressure - 10 Min. 342.8	Casing Pressure Final Test 342.1	Pressure Loss or Gain During Test -1.3
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: Russell Branting

Signed: Russell Branting Title: Tester

Date: 6-8-2020

OGCC Approval:

Title:

Date:

Conditions of Approval, if any: