

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:

402435813

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: 10071	Contact Name: Allie Ryan	Pressure Chart		
Name of Operator: HIGHPOINT OPERATING CORPORATION	Phone: (303) 312-8153	Cement Bond Log		
Address: 555 17TH ST STE 3700		Tracer Survey		
City: DENVER State: CO Zip: 80202 Email: aryan@hpres.com		Temperature Survey		
API Number: 05-123-19465	OGCC Facility ID Number: 251662	Inspection Number		
Well/Facility Name: UPRC FEDERAL	Well/Facility Number: 23-3			
Location QtrQtr: SWNW Section: 23 Township: 10N Range: 64W 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: Slow leak would go up to 500 loose about 200/min**Wellbore Data at Time of Test**

Injection Producing Zone(s)	Perforated Interval	Open Hole Interval
RCRD	4108-4117	

**Tubing Casing/Annulus Test**

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
			<input type="checkbox"/>

**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.

Bridge Plug or Cement Plug Depth

4075

**Test Data (Use -1 for a vacuum)**

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
07-26-2020	SHUT-IN	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
0	0	0	0	0

Test Witnessed by State Representative? ☐

OGCC Field Representative \_\_\_\_\_

**OPERATOR COMMENTS:**

HPR performed a pressure test on the well and did not chart the test upon failure. Verbal approval was given by COGCC staff to submit a Form 21 documenting the pressure test in lieu of formal MIT. Please see attached operations summary for details of pressure test. The well will be plugged and abandoned within 6 months of failure date (12/24/2020). This form is being submitted to document the failure of the pressure test in lieu of a formal MIT.

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

Signed: \_\_\_\_\_

Print Name: Allie Ryan

Title: Regulatory Analyst

Email: aryan@hpres.com

Date: \_\_\_\_\_

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

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402435822	OTHER

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)