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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. 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

|  |                                    |                    |      |
|--|------------------------------------|--------------------|------|
| OGCC Operator Number: <u>52530</u>   | Contact Name and Telephone         | Oper               | OGCC |
| Name of Operator: <u>Magic Operating Inc.</u>                                      |                                    | Pressure Chart     |      |
| Address: <u>2707 S. County Road 11</u>   | No: <u>970-669-6308</u>            | Cement Bond Log    |      |
| City: <u>Cleveland</u> State: <u>CO</u> Zip: <u>80527</u>                          | Email: <u>ross.magic@colegnoil</u> | Tracer Survey      |      |
| API Number: <u>05-121-06172</u> OGCC Facility ID Number: <u>234073</u>             |                                    | Temperature Survey |      |
| Well/Facility Name: <u>Little Beaver</u> Well/Facility Number: <u>58</u>           |                                    |                    |      |
| Location QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ |                                    | Inspection Number  |      |

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Last MIT Date: 7/31/06

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>Casing Test</b><br>Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth. |                       |
| <b>Wellbore Data at Time of Test</b>   |  |   |   | <b>Bridge Plug or Cement-Plug Depth</b>  |                       |
| Injection/Producing Zone(s)<br><u>DSVD</u>   | Perforated Interval:<br><u>5207-5231</u> | Open Hole Interval:                     |   | <u>5257-4984</u>   |                       |
| <b>Tubing Casing/Annulus Test</b>  |  |   |   |  |                       |
| Tubing Size:   | Tubing Depth:                            | Top Packer Depth:                       | Multiple Packers?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                       |
| <b>Test Data</b>   |  |   |   |  |                       |
| Test Date<br><u>6-26-20</u>  | Well Status During Test<br><u>ST</u>     | Casing Pressure Before Test<br><u>0</u> |   | Initial Tubing Pressure  | Final Tubing Pressure |
| Casing Pressure Start Test<br><u>370</u>   | Casing Pressure - 5 Min.<br><u>340</u>   | Casing Pressure - 10 Min.<br><u>300</u> | Casing Pressure Final Test<br><u>300</u>                                      | Pressure Loss or Gain During Test<br><u>-70</u>  |                       |
| Test Witnessed by State Representative?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   | OGCC Field Representative (Print Name):<br><u>Susan Sherman</u>               |  |                       |

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

Print Name: Ross Warner

Signed: [Signature]

Title: Compliance

Date: 6-26-20

OGCC Approval: FAILED

Title: \_\_\_\_\_

Date: 6/26/20

Conditions of Approval, if any: