

**Inspection Photos**  
**Location Name: McCallum Unit 95**  
**Location ID: 324648**

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**State of Colorado**  
**Oil and Gas Conservation Commission**  
3330 Colorado Avenue, Suite 800, Denver, Colorado 80202 (303) 866-2100 Fax: (303) 866-2100

**FORM 21**  
Rev. 11-14

FOR OGC USE ONLY  
 Document Number:  
 Date Received:

**MECHANICAL INTEGRITY TEST**

1. All inspection personnel must complete this form if the test was not witnessed by OGC representative.  
 2. For production wells, test pressure shall be at least 50% of design.  
 3. For injection wells, test pressure shall be at least 100% of design or 100% of the pressure.  
 4. A minimum 300 psi differential pressure shall be maintained between circulating and withdrawal pressure.  
 5. The test shall be performed according to the provisions of Rule 20A-1-10.1.  
 6. OGC notification must be provided for any well or test not in compliance.  
 7. **WARNING:** This form is an initial version of the proposed version to be completed in the field.

OGCC Operator Number: **0000**      Operator Name and Telephone: **K PKALITMAN COMPANY INC**  
 Name of Operator: **K PKALITMAN COMPANY INC**      Victoria Duganish  
 Address: **1875 BROADWAY, STE 3000**      Phone: **(303) 855-4422**  
 City: **DENVER**      State: **CO**      Zip: **80202**      Email: **vduganish@kpk.com**

AP Number: **01-002-00169**      UOGC Facility ID Number: **212388**  
 Identifying Name: **MCCALLUM UNIT**  
 Location ID/Ch: **NECO**      Symbol: **04**      Geometry: **SPR**      Range: **750W**      Maturity: **5**      Well Patch by Number: **83**  
 SHUT-IN PRODUCTION WELL     INJECTION WELL    Last MIT Date: **08-09-2020**

Test Type:  
 Test to Maintain SITA Status     5-year LIC     Reset Pack  
 Verification of Repairs     Annual LIC Test

Describe Repairs or Other Well Activities:

| Wellbore Data at Time of Test |                  | Casing Test        |                                                                                                                                 |
|-------------------------------|------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Injection/Producing Zone(s)   | Tested Interval  | Open Hole Interval | As when perforations of open hole is isolated by bridge plug or cement plug, use if cement plug only with 100' back from depth. |
| <b>PRREB</b>                  | <b>1518-1542</b> |                    | <b>Bridge Plug at Cased Plug Depth</b>                                                                                          |

| Tubing Casing/Annual Test |              | Multiple Packers? |                                                                     |
|---------------------------|--------------|-------------------|---------------------------------------------------------------------|
| Tubing Size               | Tubing Depth | Top Packler Depth |                                                                     |
| <b>2.375</b>              | <b>1418</b>  | <b>1418</b>       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Test Date       | Well Status During Test        | Casing Pressure Before Test | Initial Tubing Pressure | Final Tubing Pressure |
|-----------------|--------------------------------|-----------------------------|-------------------------|-----------------------|
| <b>7/29/20</b>  | <b>5T</b>                      | <b>0 psig</b>               | <b>0 psig</b>           | <b>0 psig</b>         |
| <b>800 psig</b> | <b>Casing Pressure - 1 Min</b> | <b>500 psig</b>             | <b>500 psig</b>         | <b>0 psig</b>         |
|                 | <b>Verification of Repairs</b> | <b>500 psig</b>             | <b>500 psig</b>         | <b>0 psig</b>         |

Test Witnessed by State Representative?  Yes  No      OGC Field Representative (Print Name): **Emily Watson**

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

Print Name: **Jeffrey Boy**      Title: **Production Supervisor**      Date: **7-29-2020**  
 Signature: *Jeffrey Boy*  
 OGC Approval: **EMILY WATSON**      Title: **Field Inspector**      Date: **7/29/20**  
 Signature: *Emily Watson*

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**Photo 1. Photo of Form 21 as filled out and signed in the field.**