

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:

402473574

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. Injection well 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. 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: <u>47120</u> | Contact Name <u>RYAN LITFIN</u> | Pressure Chart | | |
| Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(970) 301-1552</u> | Cement Bond Log | | |
| Address: <u>P O BOX 173779</u> | | Tracer Survey | | |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u> | Email: <u>RYAN_LITFIN@OXY.COM</u> | Temperature Survey | | |
| API Number : 05- <u>123-21914</u> | OGCC Facility ID Number: <u>270642</u> | Inspection Number | | |
| Well/Facility Name: <u>CAMENISCH</u> | Well/Facility Number: <u>15-33</u> | | | |
| Location QtrQtr: <u>SWSE</u> Section: <u>33</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u> | | | | |

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: CIBP SET 2 6,870 W 2 SACKS OF CEMENT ON TOP

| 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. Bridge Plug or Cement Plug Depth <u>6870</u> |
|-------------------------------|---------------------|--------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Injection Producing Zone(s) | Perforated Interval | Open Hole Interval | | |
| NB-CD | 6894-7198 | | | |
| Tubing Casing/Annulus Test | | | | |
| Tubing Size: | Tubing Depth: | Top Packer Depth: | Multiple Packers? | |
| | | | <input type="checkbox"/> | |

Test Data (Use -1 for a vacuum)

| Test Date | Well Status During Test | Casing Pressure Before Test | Initial Tubing Pressure | Final Tubing Pressure |
|----------------------------|--------------------------|-----------------------------|----------------------------|-----------------------|
| 08-11-2020 | 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 |
| 395 | 395 | 395 | 395 | 0 |

Test Witnessed by State Representative? OGCC Field Representative _____

OPERATOR COMMENTS:

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

Signed: _____ Print Name: KRISTINA GENO
Title: REGULATORY ANALYST Email: kristina_geno@oxy.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

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|--------------------|
| 402473598 | PRESSURE CHART |
| 402473601 | FORM 21 ORIGINAL |
| 402473602 | OTHER |

Total Attach: 3 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)