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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:
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Date Received:

08/26/2020

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: 47120	Contact Name and Telephone	Oper	OGCC
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP	RYAN LITFIN	Pressure Chart	<input checked="" type="checkbox"/>
Address: PO BOX 173779	No: 970-301-1552	Cement Bond Log	<input type="checkbox"/>
City: DENVER State: CO Zip: 80217	Email: RYAN_LITFIN@OXY.COM	Tracer Survey	<input type="checkbox"/>
API Number: 0512317889 OGCC Facility ID Number:		Temperature Survey	<input type="checkbox"/>
Well/Facility Name: HSR-FRAHM 9-34 Well/Facility Number:			<input type="checkbox"/>
Location QtrQtr: NESE Section: 34 Township: 4N Range: 66W Meridian: 6		Inspection Number	<input type="checkbox"/>

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Last MIT Date: 09/08/2020

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:

Wellbore Data at Time of Test		Casing Test	
Injection/Producing Zone(s)	Perforated Interval:	Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
NBCD	6986'-7307'	Bridge Plug or Cement Plug Depth	
		CIBP @ 6920' 2SKS CMT	
Tubing Casing/Annulus Test			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
2 3/8"	6848'		<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Data			
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure
09/08/2020	SI	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test
0	435	435	435
			Pressure Loss or Gain During Test
			0
Test Witnessed by State Representative?		OGCC Field Representative (Print Name):	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

Print Name: RYAN LITFIN

Signed: *Ryan Litfin* Title: FIELD FOREMAN

Date: 09/08/2020

OGCC Approval: _____ Title: _____

Date: _____

Conditions of Approval, if any: