

FORM  
21  
Rev 9/14State 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 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

Oper OGCC

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

OGCC Operator Number: \_\_\_\_\_

Contact Name and Telephone \_\_\_\_\_

Name of Operator: Brygewater

Address: \_\_\_\_\_

No: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

API Number: 05-123-29137 OGCC Facility ID Number: \_\_\_\_\_Well/Facility Name: WAAG 25-22

Well/Facility Number: \_\_\_\_\_

Location QtrQtr: \_\_\_\_\_

Section: \_\_\_\_\_

Township: \_\_\_\_\_

Range: \_\_\_\_\_

Meridian: \_\_\_\_\_



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: \_\_\_\_\_

## Wellbore Data at Time of Test

Injection/Producing Zone(s) \_\_\_\_\_

Perforated Interval: \_\_\_\_\_

Open Hole Interval: \_\_\_\_\_

7180 - 7385

## 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 \_\_\_\_\_

## Tubing Casing/Annulus Test

Tubing Size: \_\_\_\_\_

Tubing Depth: \_\_\_\_\_

Top Packer Depth: \_\_\_\_\_

Multiple Packers?



Yes



No

## Test Data

Test Date <u>3/12/20</u>	Well Status During Test <u>SI</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure	Final Tubing Pressure
Casing Pressure Start Test <u>550</u>	Casing Pressure - 5 Min. <u>550</u>	Casing Pressure - 10 Min. <u>550</u>	Casing Pressure Final Test <u>550</u>	Pressure Loss or Gain During Test <u>0</u>
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OGCC Field Representative (Print Name): _____		

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

Print Name: Brad BiversSigned: Brad BiversTitle: Reg SupervisorDate: 3/12/20

OGCC Approval: \_\_\_\_\_

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

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

Conditions of Approval, if any: