

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:

402509567

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.
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: 10456	Contact Name: Kris Gibson	Pressure Chart		
Name of Operator: CAERUS PICEANCE LLC	Phone: (970) 309-0010	Cement Bond Log		
Address: 1001 17TH STREET #1600		Tracer Survey		
City: DENVER State: CO Zip: 80202 Email: kgibson@caerusoilandgas.com		Temperature Survey		
API Number: 05-045-23762	OGCC Facility ID Number: 452660	Inspection Number		
Well/Facility Name: NPR	Well/Facility Number: 15D-10-596			
Location QtrQtr: NESW Section: 10 Township: 5S Range: 96W Meridian: 6				

☒ 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				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 9661
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
	NP			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	

Test Data (Use -1 for a vacuum)

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
10-15-2020	SHUT-IN	0		
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
572	569	568	566	-6

Test Witnessed by State Representative? ☒ OGCC Field Representative Longworth, Mike

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: Jason Eckman
 Title: Surface Regulatory Lead Email: jeckman@caerusoilandgas.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>
402515800	FORM 21 ORIGINAL
402515801	PRESSURE CHART
402515803	PRESSURE CHART
402515805	MECHANICAL INTEGRITY TEST

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)