

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:

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Date Received:

## MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- 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.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a(1)B. or C.
- Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
- 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>10456</u>	Contact Name <u>Kris Gibson</u>	Pressure Chart		
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(970) 309-0010</u>	Cement Bond Log		
Address: <u>1001 17TH STREET #1600</u>		Tracer Survey		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> Email: <u>kgibson@caerusoilandgas.com</u>		Temperature Survey		
API Number : 05- <u>045-23754</u>	OGCC Facility ID Number: <u>452651</u>	Inspection Number		
Well/Facility Name: <u>NPR</u>	Well/Facility Number: <u>11B-15-596</u>			
Location QtrQtr: <u>NESW</u> Section: <u>10</u> Township: <u>5S</u> Range: <u>96W</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: \_\_\_\_\_

Wellbore Data at Time of Test				Casing Test	
Injection Producing Zone(s)	Perforated Interval	Open Hole 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.	
	NP				
Tubing Casing/Annulus Test				Bridge Plug or Cement Plug Depth	
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	<input type="text" value="9861"/>	
			<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
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
582	580	579	578	-4

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>
402515956	PRESSURE CHART
402515958	FORM 21 ORIGINAL
402515959	PRESSURE CHART
402515960	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)