

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:

402517710

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>10506</u> | Contact Name <u>Nathaniel Seeley</u> | Pressure Chart | | |
| Name of Operator: <u>SEELEY OIL COMPANY LLC</u> | Phone: <u>(970) 565-2136</u> | Cement Bond Log | | |
| Address: <u>PO BOX 1058</u> | | Tracer Survey | | |
| City: <u>CORTEZ</u> State: <u>CO</u> Zip: <u>81321</u> Email: <u>nathaniel@seeleyoil.com</u> | | Temperature Survey | | |
| API Number : 05- <u>083-06496</u> | OGCC Facility ID Number: <u>224431</u> | Inspection Number | | |
| Well/Facility Name: <u>CUTTHROAT UNIT</u> | Well/Facility Number: <u>5</u> | | | |
| Location QtrQtr: <u>SWNE</u> Section: <u>26</u> Township: <u>37N</u> Range: <u>19W</u> Meridian: <u>N</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: 545 PSI for 20 minutes. Reporting the last 15 min of test.

| 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 <input type="text"/> |
|-------------------------------|---------------------|--------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Injection Producing Zone(s) | Perforated Interval | Open Hole Interval | | |
| DSCR | 6086-6104 | | | |
| Tubing Casing/Annulus Test | | | | |
| Tubing Size: | Tubing Depth: | Top Packer Depth: | Multiple Packers? | |
| 2.875 | 6036 | 6036 | <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 |
|----------------------------|--------------------------|-----------------------------|----------------------------|-----------------------|
| 10-23-2020 | 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 |
| 545 | 545 | 543 | 540 | -5 |

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: Nathaniel Seeley
Title: Manager Email: nathaniel@seeleyoil.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> |
|--------------------|----------------|
| 402517724 | OTHER |
| 402517725 | OTHER |
| 402517726 | OTHER |
| 402517727 | OTHER |
| 402517728 | PRESSURE CHART |

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)