

FORM

21

Rev 11/20

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:

402555017

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: 10550	Contact Name: Deb Lemon	Pressure Chart		
Name of Operator: MUSTANG RESOURCES LLC	Phone: (720) 5507507	Cement Bond Log		
Address: 1660 LINCOLN STREET SUITE 1450		Tracer Survey		
City: DENVER State: CO Zip: 80264 Email: dlemon@mustangresourcesllc.co		Temperature Survey		
API Number: 05-045-06573	OGCC Facility ID Number: 210815	Inspection Number		
Well/Facility Name: CLOUGH	Well/Facility Number: 27-11-6S-94W			
Location QtrQtr: NWNW Section: 27 Township: 6S Range: 94W 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: Well was shut-in for surface facility work. Mustang has no reason to believe that the wellbore integrity is compromised.

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 _____
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
WSTC	1395-1436			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
2.375	1390	111	<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
12-29-2020	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
64	64	64	67	

Test Witnessed by State Representative? OGCC Field Representative _____

OPERATOR COMMENTS:

On 12/29/2020, Mustang performed an alternate MIT according to procedures approved by COGCC (Doc #402547376). Mustang shut in the well the morning of the test and monitored bradenhead pressure and casing pressure concurrently using the wells own energy in the production casing. Results are tabulated in the attached graph and Totalflow Trend Report. Test shows no communication between bradenhead and casing. Bradenhead pressure was recorded at <1 psi for the duration of the test.

Additionally and in accordance with COGCC Rule 341, the well is equipped with a bradenhead pressure gauge. Periodic monitoring of this gauge has indicated no bradenhead pressure.

Note that a packer depth of "111" is indicated. This is used only as a placeholder to submit this Form 21.

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

Signed: _____ Print Name: Deb Lemon

Title: Regulatory Manager Email: dlemon@mustangresourcesllc.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

Att Doc Num

Name

402567151	PRESSURE CHART
402567152	OTHER
402567153	OTHER

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)