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FORM
21
Rev 9/14

State of Colorado
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

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. Injection wells tests must be 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. 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.

OGCC Operator Number: 95960	Contact Name and Telephone Scott Colvin
Name of Operator: Wexpro Company	No: (307) 350-8990
Address: PO Box 458	Email: Scott.Colvin@dominionenergy.com
City: Rock Springs State: WY Zip: 82901	
API Number: 05-081-07617 OGCC Facility ID Number: 418298	
Well/Facility Name: Carl Allen Well/Facility Number: 37	
Location Qtr: NENE Section: 4 Township: 12N Range: 97W Meridian: 6	

FOR OGCC USE ONLY

Document Number:

Date Received:

Complete the
Attachment Checklist

Oper OGCC

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

☒ 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: T.A. for Re-completion Evaluation

Producing FT. Union Wells Isolated w/ CTBP. Plug Tested to 2,050' w/ Packer 12/30/20

Wellbore Data at Time of Test

Injection/Producing Zone(s)	Perforated Interval: Selected FT. Union Intervals Below CTBP	Open Hole Interval:
		Bridge Plug or Cement Plug Depth 5,966' WLM

Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth: N/A	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Test Data

Test Date 12/31/20	Well Status During Test SI / T.A.	Casing Pressure Before Test 0	Initial Tubing Pressure NA	Final Tubing Pressure NA
Casing Pressure Start Test 1025	Casing Pressure - 5 Min. 1021	Casing Pressure - 10 Min. 1019	Casing Pressure Final Test 1017	Pressure Loss or Gain During Test -8#

Test Witnessed by State Representative?

☐ Yes

☒ 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: Scott Colvin

Signed: Scott Colvin

Title: Dist. Drilling Supervisor

Date: 12/31/20

OGCC Approval:

Title:

Date:

Conditions of Approval, if any: