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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

FOR OGCC USE ONLY

Document Number:

**Doc# 1310519**

Date Received:

**02/09/2021**

**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 a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be at 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.

**Complete the  
Attachment Checklist**

Oper OGCC

Pressure Chart	✓	
Cement Bond Log	✓	
Tracer Survey		
Temperature Survey		
Inspection Number		

OGCC Operator Number: 29470 Contact Name and Telephone  
Name of Operator: Walter S. Fees Jr. and Son O&G LLC Walter S. Fees III  
Address: 2516 Foresight Circle Room #10 No: (970) 242-2044  
City: Grand Junction State: CO Zip: 81505 Email: fwalter8@bresnan.net  
API Number: 05-045-11916 OGCC Facility ID Number: 283215  
Well/Facility Name: Federal Well/Facility Number: 1-12-8-101  
Location QtrQtr: SWSW Section: 12 Township: 8S Range: 101W Meridian: 6

☒ **SHUT-IN PRODUCTION WELL**

☐ **INJECTION WELL**

Last MIT Date: 09/20/2020

**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: See Attached workover Report 12/12/2019-1/3/2020

**Wellbore Data at Time of Test**

Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	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 <b>6,245'</b>
<b>Dakota</b>	<b>6,291'-6,301'</b>		

**Tubing Casing/Annulus Test**

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
<b>2 3/8"</b>	<b>6,311'</b>	<b>815'</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Test Data**

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<b>12/27/2019</b>	<b>killed</b>	<b>60#</b>	<b>0</b>	<b>0</b>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test
<b>400#</b>	<b>400#</b>	<b>401#</b>	<b>402#</b>	<b>2#</b>

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: Walter S. Fees III

Signed: Walter S. Fees Title: Manager

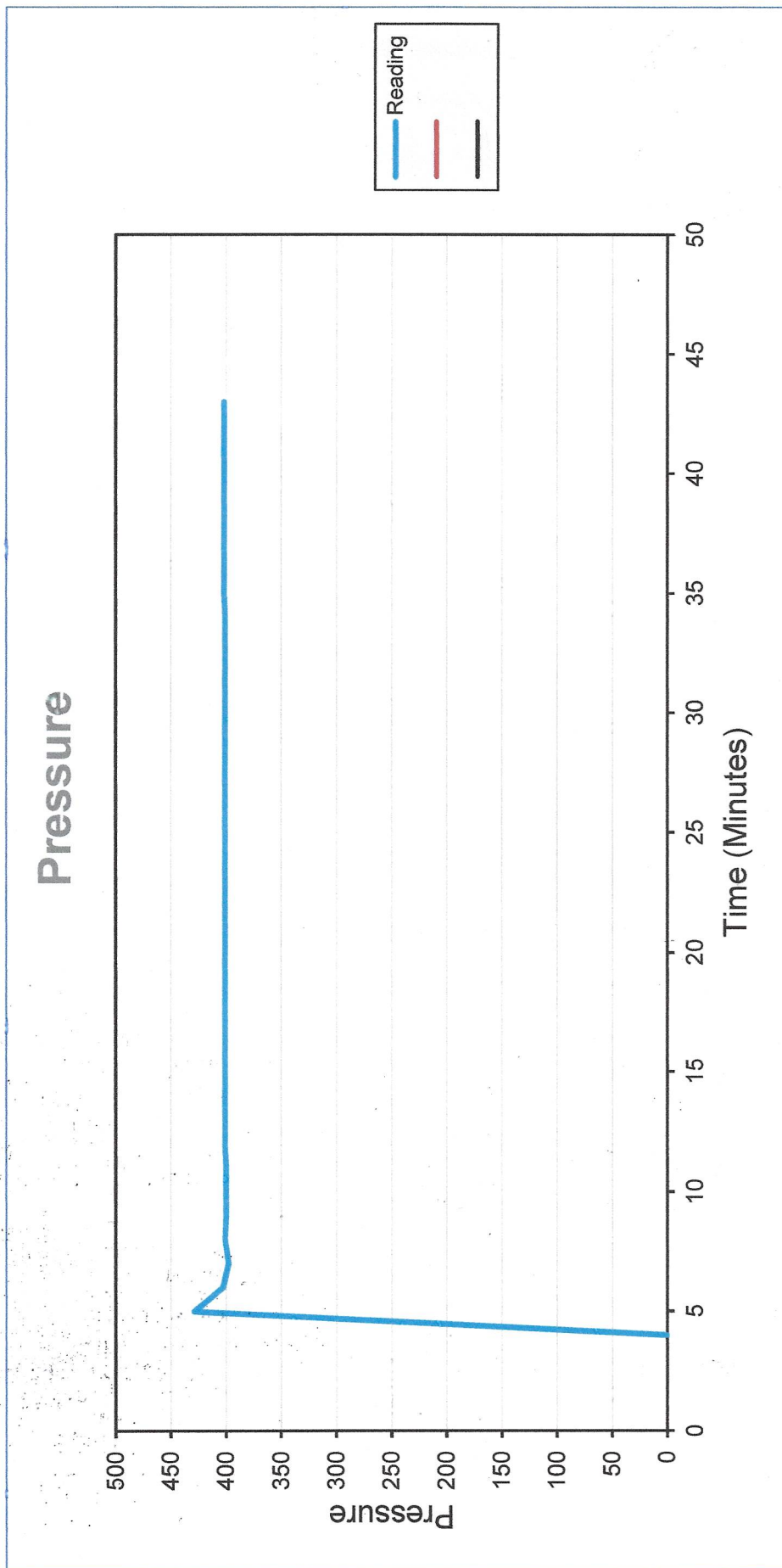
Date: 04/01/2020

OGCC Approval:

Title:

Date:

Conditions of Approval, if any:



2/23/2019

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Colorado Oil &amp; Gas Conservation Commission 1120 Lincoln Street, Suite 801 Denver, CO 80203</p>	<p>A. Signature <b>X I N MAILBOX</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>H.T.</b></p> <p>C. Date of Delivery <b>4/4/20</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 3376 7227 1791 43	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p>
7017 2620 0000 7184 2968	
PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>	

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
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Sent To Colorado Oil & Gas Commission

1120 Lincoln Street, Suite 801

Denver, CO 80203

Q501  
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions