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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:
Date Received:

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.
3. For production wells, test pressures must be a 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

Table with columns for Oper and OGCC, and rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, and Inspection Number.

OGCC Operator Number: 52530
Name of Operator: Maple Operating Inc.
Address: 2707 W. County Road 11
City: Loveland State: CO Zip: 80537
API Number: 05 069 06327 OGCC Facility ID Number: 217140
Well/Facility Name: Bunker Well/Facility Number: 8
Location QtrQtr: N25W Section: 24 Township: 5N Range: 68W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL
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
Injection/Producing Zone(s): NBR
Perforated Interval: 4620-4530
Open Hole Interval:
Casing Test
Bridge Plug or Cement Plug Depth: 4480

Tubing Casing/Annulus Test
Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers? Yes No

Test Data table with columns for Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure, Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain During Test.

Test Witnessed by State Representative? Yes No
OGCC Field Representative (Print Name): Tom Peterson

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

Print Name: Ross Warner
Signed: [Signature] Title: Compliance Date: 8-17-20
OGCC Approval: Title: Date:

Conditions of Approval, if any: