

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:

402630866

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 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. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
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

OP OGCC

OGCC Operator Number: 10071 Contact Name Tyler Hill
Name of Operator: HIGHPOINT OPERATING CORPORATION Phone: (303) 312-8733
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202 Email: thill@hpres.com
API Number: 05-123-48183 OGCC Facility ID Number: 458006
Well/Facility Name: Anschutz Equus Farms Fed Well/Facility Number: 5-61-34-5649B
Location QtrQtr: NESE Section: 34 Township: 5N Range: 61W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:
Test Type:
[X] 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) Perforated Interval Open Hole Interval
N-COM5 NP
Tubing Casing/Annulus Test Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers?
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 0

Test Data (Use -1 for a vacuum)
Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure.
Table with 5 columns: Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain.

Test Witnessed by State Representative? OGCC Field Representative

OPERATOR COMMENTS:
No cement or bridge plug downhole.

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

Signed: Regulatory Analyst Print Name: Allie Ryan
Title: Regulatory Analyst Email: aryan@hpres.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 List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402630873	PRESSURE CHART
402630875	OTHER
402630938	FORM 21 ORIGINAL

Total Attach: 3 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)