

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:

402680463

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: 10633 Contact Name Cole Carveth
Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (970) 6733125
Address: 1801 CALIFORNIA STREET #2500
City: DENVER State: CO Zip: 80202 Email: cole.carveth@crestonepr.com
API Number: 05-123-48291 OGCC Facility ID Number: 458249
Well/Facility Name: Dream Weaver North Well/Facility Number: 3H-21H-N268
Location QtrQtr: SESW Section: 21 Township: 2N Range: 68W 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: Pressure test surface casing. Production section was not drilled.

Wellbore Data at Time of Test Casing Test
Injection Producing Zone(s) Perforated Interval Open Hole Interval
Tubing Casing/Annulus Test
Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers?
Bridge Plug or Cement Plug Depth 2133

Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure. Includes rows for test data and casing pressure measurements.

Test Witnessed by State Representative? OGCC Field Representative

OPERATOR COMMENTS:

Empty box for operator comments.

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

Signed: Regulatory Coordinator Print Name: Lindsey Organ
Email: lindsey.organ@crestonepr.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:

Empty box for conditions of approval.

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402680468	FORM 21 ORIGINAL
402680469	MECHANICAL INTEGRITY TEST

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)