

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:

402683987

Date Received:

## MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- An original pressure chart must accompany this report if this test was not witnessed by an OGCC representative. Injection well tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a(1)B. or C.
- Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
- 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: <u>8960</u>	Contact Name <u>Kate Miller</u>	Pressure Chart		
Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Phone: <u>(720) 440-6116</u>	Cement Bond Log		
Address: <u>410 17TH STREET SUITE #1400</u>		Tracer Survey		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> Email: <u>regulatory@bonanzacr.com</u>		Temperature Survey		
API Number : 05- <u>123-33713</u>	OGCC Facility ID Number: <u>423776</u>	Inspection Number		
Well/Facility Name: <u>Antelope</u>	Well/Facility Number: <u>13-20</u>			
Location QtrQtr: <u>SWSW</u> Section: <u>20</u> Township: <u>5N</u> Range: <u>62W</u> Meridian: <u>6</u>				

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: \_\_\_\_\_

Wellbore Data at Time of Test				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 <u>6409</u>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
NB-CD	6470-6731			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
			<input type="checkbox"/>	

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
04-16-2021	SHUT-IN	193	185	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
549	547	546	544	-5

Test Witnessed by State Representative?  OGCC Field Representative \_\_\_\_\_

OPERATOR COMMENTS:

Test performed by Adam Conry (Sr. Field Engineer).

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

Signed: \_\_\_\_\_ Print Name: Aubrey Noonan  
Title: Regulatory Analyst Email: regulatory@bonanzacr.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

<u>Att Doc Num</u>	<u>Name</u>
402684020	FORM 21 ORIGINAL
402684021	PRESSURE CHART

Total Attach: 2 Files

## General Comments

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

Total: 0 comment(s)