

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:

402718226

Date Received:

06/14/2021

## 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 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: 17320	Contact Name: Julie Branting	Pressure Chart		
Name of Operator: CITY & COUNTY OF DENVER	Phone: (303) 638-7484	Cement Bond Log		
Address: 8500 PENA BLVD AOB 10TH FLOOR		Tracer Survey		
City: DENVER State: CO Zip: 80249-6340 Email: petropro@comcast.net		Temperature Survey		
		Inspection Number		
API Number: 05-001-06782	OGCC Facility ID Number: 201379			
Well/Facility Name: BOX ELDER K	Well/Facility Number: 1			
Location QtrQtr: NWNE Section: 6 Township: 2S Range: 65W 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: RBP pulled after test

Wellbore Data at Time of Test				<b>Casing Test</b>  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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">8151</div>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
JSND	8238-8280			
<b>Tubing Casing/Annulus Test</b>				
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
06-14-2021	SHUT-IN	0		
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
349	349	349	349	

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

### OPERATOR COMMENTS:

RBP pulled after test

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

Signed: \_\_\_\_\_ Print Name: Julie Branting  
 Title: Agent Email: petropro@comcast.net Date: 6/14/2021

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: Jacobson, Eric

Date: 6/23/2021

**CONDITIONS OF APPROVAL, IF ANY:**

**Attachment List**

**Att Doc Num**

**Name**

402718226	FORM 21 SUBMITTED
402718227	PRESSURE CHART
402718228	FORM 21 ORIGINAL

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)