

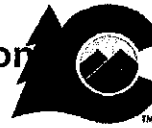
FORM

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:

402758095

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. Injection well tests must be 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.

42 - 402746759

Complete the Attachment

Checklist

OP OGCC

OGCC Operator Number: <u>10447</u>	Contact Name: _____	Pressure Chart		
Name of Operator: <u>URSA OPERATING COMPANY LLC</u>	Phone: () _____	Cement Bond Log		
Address: <u>950 17TH STREET, SUITE 1900</u>		Tracer Survey		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> Email: _____		Temperature Survey		
API Number: 05- <u>045-22321</u> OGCC Facility ID Number: <u>435970</u>		Inspection Number		
Well/Facility Name: <u>Valley Farms</u> Well/Facility Number: <u>J6</u>				
Location QtrQtr: <u>NWNW</u> Section: <u>13</u> Township: <u>6S</u> Range: <u>92W</u> Meridian: <u>6</u>				

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 8/29/2016 12:00:00 AM

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
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
<u>N-COM5</u>				
Tubing Casing/Annulus Test				Bridge Plug or Cement Plug Depth
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
			<input type="checkbox"/>	<u>978</u>

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>07-26-2021</u>	<u>SUSPENDED OPERATIONS</u>	<u>0</u>		
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>338</u>	<u>337</u>	<u>337</u>	<u>336</u>	<u>-2</u>

Test Witnessed by State Representative? OGCC Field Representative _____

OPERATOR COMMENTS:

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

Signed: Dustin Welsh Print Name: Dustin Welsh
Title: _____ Email: _____ Date: 7-26-21

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:
