

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:

07/29/2021

## 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>10447</u>   | Contact Name: <u>Kyle Kohl</u>         | Pressure Chart     |  |  |
| Name of Operator: <u>URSA OPERATING COMPANY LLC</u>  | Phone: <u>(970) 250-7593</u>           | 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: <u>KKohl@terraep.com</u>                   |  | Temperature Survey |  |  |
| API Number: <u>05-045-22321</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 |                          | Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth. |  |
| N-COM5                        | NP                  |                    |                          |  |  |
| Tubing Casing/Annulus Test    |                     |                    |                          |  |  |
| Tubing Size:                  | Tubing Depth:       | Top Packer Depth:  | Multiple Packers?        | <input type="text" value="978"/>   |  |
|                               |                     |                    | <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 |
| 07-26-2021                      | SUSPENDED OPERATIONS     | 0                           |                            |                       |
| Casing Pressure Start Test      | Casing Pressure - 5 Min. | Casing Pressure - 10 Min.   | Casing Pressure Final Test | Pressure Loss or Gain |
| 338                             | 337                      | 337                         | 336                        | -2                    |

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: \_\_\_\_\_ Print Name: Jeff Kirtland  
Title: Regulatory Manager Email: vschoeber@terraep.com Date: 7/29/2021

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

COGCC Approved: Katz, Aaron Date: 8/3/2021

### CONDITIONS OF APPROVAL, IF ANY:

\_\_\_\_\_

## Attachment List

| <u>Att Doc Num</u> | <u>Name</u>       |
|--------------------|-------------------|
| 402758095          | FORM 21 SUBMITTED |
| 402764400          | PRESSURE CHART    |
| 402764401          | FORM 21 ORIGINAL  |

Total Attach: 3 Files

## General Comments

| <u>User Group</u> | <u>Comment</u>   | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Engineer          | Test data confirms that any losses are within the allowance and that the test stabilized the last 5 minutes of the test. | 08/03/2021          |

Total: 1 comment(s)