

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:

402759884

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.

Complete the Attachment  
Checklist

OP OGCC

|  |                                    |                    |           |
|--|------------------------------------|--------------------|-----------|
| OGCC Operator Number: 10112  | Contact Name: Jeremiah Jones       | Pressure Chart     |           |
| Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC                     | Phone: (918) 218-3425              | Cement Bond Log    |           |
| Address: 5057 KELLER SPRINGS RD STE 650                                |                                    | Tracer Survey      |           |
| City: ADDISON State: TX Zip: 75001                                     | Email: jjones@foundationenergy.com | Temperature Survey |           |
| API Number: 05-103-08768   | OGCC Facility ID Number: 231099    | Inspection Number  | 701101802 |
| Well/Facility Name: COLUMBINE SP FED                                   | Well/Facility Number: 8-32-4-103   |                    |           |
| Location QtrQtr: NESE Section: 32 Township: 4S Range: 103W Meridian: 6 |                                    |                    |           |

SHUT-IN PRODUCTION WELL  INJECTION WELL Last MIT Date: 6/17/2019 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

| Injection Producing Zone(s) | Perforated Interval | Open Hole Interval |
|-----------------------------|---------------------|--------------------|
| MNCBSB                      | 3153-3520           |                    |

### Tubing Casing/Annulus Test

| Tubing Size: | Tubing Depth: | Top Packer Depth: | Multiple Packers?        |
|--------------|---------------|-------------------|--------------------------|
| 2.375        |               |                   | <input type="checkbox"/> |

### 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

3103

### Test Data (Use -1 for a vacuum)

| Test Date                  | Well Status During Test  | Casing Pressure Before Test | Initial Tubing Pressure    | Final Tubing Pressure |
|----------------------------|--------------------------|-----------------------------|----------------------------|-----------------------|
| 08-04-2021                 | S1                       | 0                           | 0                          | 0                     |
| Casing Pressure Start Test | Casing Pressure - 5 Min. | Casing Pressure - 10 Min.   | Casing Pressure Final Test | Pressure Loss or Gain |
| 571                        | 567                      | 564                         | 563                        | 8                     |

Test Witnessed by State Representative?  OGCC Field Representative Longworth, Mike

### OPERATOR COMMENTS:

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

Signed: Jeremiah Jones Print Name: Jeremiah Jones  
Title: Area Foreman Email: jjones@foundationenergy.com Date: 8/4/2021

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

COGCC Approved: Michael Longworth Date: 8-4-2021

CONDITIONS OF APPROVAL, IF ANY:

**Attachment List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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| Stamp Upon Approval |
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Total: 0 comment(s)