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State of Colorado
Oil and Gas Conservation Commission



FORM
21
Rev 9/14

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

FOR OGCC USE ONLY

Document Number:

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 a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be a at 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.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- 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

OGCC Operator Number: _____	Contact Name and Telephone _____
Name of Operator: _____	
Address: _____	No: _____
City: _____ State: _____ Zip: _____	Email: _____
API Number: <u>001-10430</u> OGCC Facility ID Number: _____	
Well/Facility Name: <u>Tollway LC</u> Well/Facility Number: <u>2A-378HNX</u>	
Location Cont: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

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>1762.5'</u>
Injection/Producing Zone(s) _____	Perforated Interval: _____	Open Hole Interval: _____	

Tubing Casing/Annulus Test			
Tubing Size: _____	Tubing Depth: _____	Top Packer Depth: _____	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data				
Test Date <u>8/9/21</u>	Well Status During Test <u>OG</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure _____	Final Tubing Pressure _____
Casing Pressure Start Test <u>417.33</u>	Casing Pressure - 5 Min. <u>415.35</u>	Casing Pressure - 10 Min. <u>414.24</u>	Casing Pressure Final Test <u>413.51</u>	Pressure Loss or Gain During Test <u>-3.82</u>
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OGCC Field Representative (Print Name): _____		

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

Print Name: Max Trehus

Signed: [Signature]

Title: Field Prod. Eng Tech

Date: 8/9/21

OGCC Approval: _____

Title: _____

Date: _____

Conditions of Approval, if any: _____