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FORM  
21  
Rev 9/14

State of Colorado  
Oil and Gas Conservation Commission



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

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 a OGCC representative. Injection wells 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. OGCC notification must be provided 10 days prior to the test via Form 42.
9. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: _____	Contact Name and Telephone _____
Name of Operator: _____	No: _____
Address: _____	Email: _____
City: _____ State: _____ Zip: _____	
API Number: <u>001-10424</u> OGCC Facility ID Number: _____	
Well/Facility Name: <u>Tollway LC</u> Well/Facility Number: <u>24-376HN</u>	
Location QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	

Complete the  
Attachment Checklist

	Oper	OGCC
Pressure Chart	<input type="checkbox"/>	<input type="checkbox"/>
Cement Bond Log	<input type="checkbox"/>	<input type="checkbox"/>
Tracer Survey	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Survey	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Number	<input type="checkbox"/>	<input type="checkbox"/>

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Last MIT Date: \_\_\_\_\_

Test Type:

- ☒ Test to Maintain SI/TA status  
☐ Verification of Repairs

- ☐ 5- year UIC  
☐ Annual UIC Test

☐ Reset Packer

Describe Repairs or Other Well Activities: \_\_\_\_\_

<b>Wellbore Data at Time of Test</b>			<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.	
Injection/Producing Zone(s) _____	Perforated Interval: _____	Open Hole Interval: _____	Bridge Plug or Cement Plug Depth <u>1750.9'</u>	
<b>Tubing Casing/Annulus Test</b>				
Tubing Size: _____	Tubing Depth: _____	Top Packer Depth: _____	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Data</b>				
Test Date <u>8/9/21</u>	Well Status During Test <u>DL</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure _____	Final Tubing Pressure _____
Casing Pressure Start Test <u>423.21</u>	Casing Pressure - 5 Min. <u>420.88</u>	Casing Pressure - 10 Min. <u>419.51</u>	Casing Pressure Final Test <u>418.92</u>	Pressure Loss or Gain During Test <u>- 4.29</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: \_\_\_\_\_