

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:

402840544

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.
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: 10575 Contact Name Kaleb Roush
Name of Operator: 8 NORTH LLC Phone: (720) 354-4580
Address: 370 17TH STREET SUITE 5200
City: DENVER State: CO Zip: 80202 Email: kroush@extractionog.com
API Number: 05-123-10463 OGCC Facility ID Number: 242672
Well/Facility Name: SUSIE Well/Facility Number: 11-9
Location QtrQtr: NWNW Section: 9 Township: 10N Range: 61W Meridian: 6

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 Injection Producing Zone(s) JSND Perforated Interval 7455 - 7476 Open Hole Interval
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 7398

Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure. Data row: 09-30-2021, SHUT-IN, 0, 0, 0.

Test Witnessed by State Representative? OGCC Field Representative

OPERATOR COMMENTS:

Wasn't given a pressure chart with the obvious failure - job notes attached instead - currently evaluating this well for a fix or PA

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

Signed: Production Engineer Title: Print Name: Kaleb Roush Email: kroush@extractionog.com Date:

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:

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402840556	PRESSURE CHART

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)