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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

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.

FOR OGCC USE ONLY

Document Number:

Date Received:

Complete the
Attachment Checklist

OGCC Operator Number:	Contact Name and Telephone	Oper	OGCC
Name of Operator:		Pressure Chart	
Address:	No:	Cement Bond Log	
City:	Email:	Tracer Survey	
API Number: 001-10445	OGCC Facility ID Number:	Temperature Survey	
Well/Facility Name: Tollway LC	Well/Facility Number: 24-366HW		
Location QtrQtr: NWSW	Section: 7	Inspection Number	
Township: 1S	Range: 67W		
Meridian:			

☒ 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	
Injection/Producing Zone(s)	Perforated 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.	
	NP	Bridge Plug or Cement Plug Depth	
		1974'	
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	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure
12/16/21	SE/DG	0	
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test
428	425	424	423
Test Witnessed by State Representative?		OGCC Field Representative (Print Name):	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Randy Silver 12-16-21	

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:

Title:

Field Prod. Eng Tech

Date:

12/16/21

OGCC Approval:

Title:

Date:

Conditions of Approval, if any:

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