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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 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.

Complete the
Attachment Checklist

OGCC Operator Number: _____	Contact Name and Telephone _____	<table border="1"><thead><tr><th></th><th>Oper</th><th>OGCC</th></tr></thead><tbody><tr><td>Pressure Chart</td><td></td><td></td></tr><tr><td>Cement Bond Log</td><td></td><td></td></tr><tr><td>Tracer Survey</td><td></td><td></td></tr><tr><td>Temperature Survey</td><td></td><td></td></tr><tr><td>Inspection Number</td><td></td><td></td></tr></tbody></table>		Oper	OGCC	Pressure Chart			Cement Bond Log			Tracer Survey			Temperature Survey			Inspection Number		
	Oper		OGCC																	
Pressure Chart																				
Cement Bond Log																				
Tracer Survey																				
Temperature Survey																				
Inspection Number																				
Name of Operator: _____	No: _____																			
Address: _____	Email: _____																			
City: _____ State: _____ Zip: _____																				
API Number: <u>001-10257</u> OGCC Facility ID Number: _____																				
Well/Facility Name: <u>B-Farm LD</u> Well/Facility Number: <u>18-384HW</u>																				
Location Qtr: <u>NE/4</u> Section: <u>7</u> Township: <u>1S</u> Range: <u>67W</u> 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

Injection/Producing Zone(s) _____	Perforated Interval: <u>NP</u>	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 <u>1976'</u>
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Tubing Casing/Annulus Test

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

Test Date <u>12/28/21</u>	Well Status During Test <u>SI/OC</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure _____	Final Tubing Pressure _____
Casing Pressure Start Test <u>437</u>	Casing Pressure - 5 Min. <u>433</u>	Casing Pressure - 10 Min. <u>431</u>	Casing Pressure Final Test <u>430</u>	Pressure Loss or Gain During Test <u>-7</u>

Test Witnessed by State Representative?

☒ Yes

☐ No

OGCC Field Representative (Print Name):

Rashie K. Evans

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: 12/28/21

OGCC Approval: _____

Title: _____

Date: _____

Conditions of Approval, if any:

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