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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: _____

Address: _____

No: _____

City: _____ State: _____ Zip: _____

Email: _____

API Number: 001-10266 OGCC Facility ID Number: _____

Well/Facility Name: B-Farm LD

Well/Facility Number: 18-385HJX

Location Qtr: NE Section: 7 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: _____

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

1966'

Wellbore Data at Time of Test

Injection/Producing Zone(s)

Perforated Interval:

Open Hole Interval:

NP

Tubing Casing/Annulus Test

Tubing Size: _____

Tubing Depth: _____

Top Packer Depth: _____

Multiple Packers?

☐ Yes

☒ No

Test Data

Test Date
12/28/21

Well Status During Test
SI/DG

Casing Pressure Before Test
0

Initial Tubing Pressure

Final Tubing Pressure

Casing Pressure Start Test
437

Casing Pressure - 5 Min.
436

Casing Pressure - 10 Min.
434

Casing Pressure Final Test
434

Pressure Loss or Gain During Test
-3

Test Witnessed by State Representative?

☒ Yes

☐ No

OGCC Field Representative (Print Name):

Kallick R V 95

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: 12/28/21

OGCC Approval: _____

Title: _____

Date: _____

Conditions of Approval, if any:

699304718