

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:

402912301

Date Received:

12/29/2021

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: 10110 Contact Name Max Trehus
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (970) 364-2823
Address: 1001 17TH STREET #2000
City: DENVER State: CO Zip: 80202 Email: mtrehus@gwp.com
API Number: 05-001-10263 OGCC Facility ID Number: 458713
Well/Facility Name: B-Farm LD Well/Facility Number: 18-383HNX
Location QtrQtr: NENW Section: 7 Township: 1S Range: 67W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:
Test Type:
[X] 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 Open Hole Interval
Tubing Casing/Annulus Test
Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers?
Bridge Plug or Cement Plug Depth 1976

Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure. Row 1: 12-28-2021, SUSPENDED OPERATIONS, 0.

Test Witnessed by State Representative? [X] OGCC Field Representative Revas, Robbie

OPERATOR COMMENTS:

Surface set only. Float collar at 1976'.

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

Signed: [Signature] Print Name: Max Trehus
Title: Field Prod. Eng. Tech Email: mtrehus@gwp.com Date: 12/29/2021

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: Jacobson, Eric Date: 12/30/2021

CONDITIONS OF APPROVAL, IF ANY:

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402912301	FORM 21 SUBMITTED
402912322	PRESSURE CHART
402912329	FORM 21 ORIGINAL

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)