

Inspection Photos
Location Name: Federal 1-35 06744
Location ID: 313024

Form 21
 Click here to reset the form
 State of Colorado
 Oil and Gas Conservation Commission
 15100 Laramie Square, Suite 800, Denver, Colorado 80202 (303) 864-2100 Fax (303) 894-2009

MECHANICAL INTEGRITY TEST

1. Location of the pressure test must be a minimum of 25 feet away from the wellhead.
 2. The pressure test must be performed by a certified PITS test operator.
 3. The pressure test must be performed by a certified PITS test operator.
 4. The pressure test must be performed by a certified PITS test operator.
 5. The pressure test must be performed by a certified PITS test operator.
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 8. The pressure test must be performed by a certified PITS test operator.
 9. The pressure test must be performed by a certified PITS test operator.
 10. The pressure test must be performed by a certified PITS test operator.

OSGCC Operator Number: 35175 Company Name and Telephone: Braden Lyster
 Name of Operator: Braden Lyster No. 970-506-1503
 Address: PO Box 1116 City: Windsor, CO State: CO Zip: 80550
 Well Number: 12136-4174 OSGCC Facility ID Number: 1-35
 Well/Lease Number: 1-35 Well/Lease Number: 1-35
 Wellhead Classification: Injection Well Last MIT Date: 9-25-2016

☐ SHUT IN PRODUCTION WELL ☒ INJECTION WELL

Test Type: ☐ Test to Maintain SPTA Status ☒ 5-year LIC ☐ Annual LIC Test
☐ Verification of Integrity ☐ Annual LIC Test

Wellbore Data at Time of Test
 Injection/Producing Zone(s): Lewis Fracture Interval: 4136-4174 Open Hole Interval: 4136-4174
 Tubing Casing/Annulus Test
 Tubing Size: 2 7/8 Tubing Depth: 3579 Top Packer Depth: 3579 Multiple Packers? ☐ Yes ☒ No
 Test Date: 2/5/22 Well Status During Test: Open Pressure Before Test: 3000 Initial Tubing Pressure: 3000 Final Tubing Pressure: 3000
 Test Witnessed by State Representative? ☒ Yes ☐ No OSGCC Field Representative (Print Name): Emily W. Wern

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

Print Name: _____ Title: _____ Date: _____
 OSGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any:
Failed test. Could not hold pressure. Air bubble suspected cause. Pre-test did pass 2/3/22 w/ workover rig.

Photo 1. Picture of Form 21 as filled out in the field.

