

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:

402647977

Date Received:

04/05/2021

MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- An original pressure chart must accompany this report if this test was not witnessed by an OGCC representative. Injection well tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a(1)B. or C.
- Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
- 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: <u>17180</u>	Contact Name: <u>Geoffrey Wolff</u>	Pressure Chart		
Name of Operator: <u>CITATION OIL & GAS CORP</u>	Phone: <u>(719) 340-4637</u>	Cement Bond Log		
Address: <u>14077 CUTTEN RD</u>		Tracer Survey		
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77069</u> Email: <u>gwolff@cogc.com</u>		Temperature Survey		
API Number: <u>05-075-09115</u>	OGCC Facility ID Number: <u>220989</u>	Inspection Number		
Well/Facility Name: <u>ARCO-SINDT</u>	Well/Facility Number: <u>6-15</u>			
Location QtrQtr: <u>SWSE</u> Section: <u>6</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u>				

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 10/24/2019 12:00:00 AM

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: Clean out to PBTD

Wellbore Data at Time of Test				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 <input type="text"/>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
<u>DJSND</u>	<u>4635-4806</u>			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
<u>2.875</u>	<u>4553.5</u>	<u>4553.5</u>	<input type="checkbox"/>	

Test Data (Use -1 for a vacuum)

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>03-24-2021</u>	<u>SHUT-IN</u>	<u>0</u>	<u>0</u>	<u>0</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>1450</u>	<u>1450</u>	<u>1450</u>	<u>1450</u>	<u>0</u>

Test Witnessed by State Representative? OGCC Field Representative Schure, Kym

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Sara Guthrie
Title: Reg Compliance Analyst II Email: Sguthrie@cogc.com Date: 4/5/2021

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

COGCC Approved: Wolfe, Stephen Date: 3/2/2022

CONDITIONS OF APPROVAL, IF ANY:

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402647977	FORM 21 SUBMITTED
402647985	FORM 21 ORIGINAL

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Needs 5A to report D sand perms, emailed permitting.	03/02/2022

Total: 1 comment(s)