

Inspection Photos

Location Name: Shell Creek Federal 44-27 4
Location ID: 312941

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 15 minutes.
 2. An original pressure test report must accompany this report if the test was not witnessed by an OGCC representative.
 3. For production wells, test pressures must be at least 300 psi.
 4. For injection wells, test pressures must be at least 300 psi.
 5. For production wells, test pressures must be at least 300 psi.
 6. A minimum 300 psi differential pressure must be maintained between the tubing and hydrocarbon injection pressure.
 7. OGCC notification must be provided for any test that is not an OGCC representative.
 8. Pressure or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a well test.

OGCC Operator Number: 10467 Contact Name: _____ Phone: () _____
 Name of Operator: ANTLER ENERGY LLC Pressure Chart: _____
 Address: PO BOX 104 Cement Blank Log: _____
 City: BAGGS State: WY Zip: 82201 Email: _____ Near Survey: _____
 Temperature Survey: _____
 API Number: 05-081-00313 OGCC Facility ID Number: 222951 Inspection Number: _____
 Well/Facility Name: SHELL CREEK FEDERAL 44-27 Well/Facility Number: 4
 Location: ORO: SESE Section: 27 Township: 12N Range: 99W Meridian: 6
 Location: _____ Section: _____ Township: _____ Range: _____ Meridian: _____
 Last MIT Date: 8/25/2016 12:00:00 AM

SHUT-IN PRODUCTION WELL INJECTION WELL

Test Type:
 Test to Maintain SITA status 5-Year LIC Reset Pack
 Verification of Packers Annual LIC TEST
 Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test			Casing Test	
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval	Use when perforations or open hole is isolated by bridge plug or cement plug. Loss of cement hole only with plug casing clear depth.	
FTW	3776-7502		Bridge Plug or Cement Plug Depth: _____	

Tubing Casing Annulus Test				
Tubing Size	Tubing Depth	Top Packers Depth	Multiple Packers?	Bridge Plug or Cement Plug Depth
2.075	3921	3923		

Test Data (Use -1 for a vacuum)					
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure	
02-09-2022	Shut-In	0	0	0	
Casing Pressure Start Test	Casing Pressure - 5 Min	Casing Pressure - 10 Min	Casing Pressure Final Test	Pressure Loss or Gain	
550 ps	550 ps	3,512 ps	3,512 ps	0 ps	

Test Witnessed by State Representative? OGCC Field Representative: Emily Walbran

OPERATOR COMMENTS: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: Tom McConahay Print Name: Tom McConahay Date: 3/14/22
 Title: Operator Email: _____

Based on the information provided herein, this Notice (Form 21) complies with OGCC Rules and applicable orders and is hereby approved.
 OGCC Approved: [Signature] Date: 3/14/22

CONDITIONS OF APPROVAL, IF ANY:

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