

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 10 minutes.
2. An original pressure test must accompany this report if the test was not witnessed by an OGCC representative.
3. For production wells, test pressures must be at least 100 psi.
4. For injection wells, test pressures must be at least 100 psi.
5. For production wells, test pressures must be at least 100 psi.
6. A minimum 100 psi differential pressure must be maintained between the tubing and the casing pressure.
7. Do not use the form if adjusting under provisions of Rule 22B, 22C, or 22D.
8. Written OGCC notification must be provided to the well owner for the test.
9. Pressure or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a well test.

OGCC Operator Number: 10407 Contact Name: Phone: () Pressure Chart: OF 1000
Name of Operator: ANTLER ENERGY LLC Current Basin Log:
Address: PO BOX 104 State: WY Zip: 82201 Email: Name Survey:
City: BAGGS Inspection Number:
API Number: 05- 081-00313 OGCC Facility ID Number: 222951
Well/Facility Name: SHELL CREEK FEDERAL 44-27 Well/Facility Number: 4
Location: ORO: SESE Section: 27 Township: 12N Range: 99W Meridian: 6
SHUT-IN PRODUCTION WELL ☒ INJECTION WELL Last MIT Date: 8/25/2016 12:00:00 AM
Test Type: ☐ Test to Maintain SITA status ☒ 5-Year UIC ☐ Annual UIC TEST ☐ Reset Pack
 ☐ Verification of Repairs
 ☐ Describe Repairs or Other Well Activities:
Wellbore Data at Time of Test:
Injection Producing Zone(s): Perforated Interval: Open Hole Interval: Casing Test:
 FTWU 3776-7502
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 (Max -1 for a vacuum)
Test Date Well Status During Test Casing Pressure Before Test Initial Tubing Pressure Final Tubing Pressure
02-28-2022 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 psig 550 psig 550 psig 550 psig 0 psi
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: Jim McConahay Print Name: Jim McConahay Date: 3/4/22
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: mu Date: 3/14/22
CONDITIONS OF APPROVAL, IF ANY:

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

