

FORM

21

Rev 08/14

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:

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Date Received:

03/14/2014

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: 66190 Contact Name JEREMY FISHER
Name of Operator: OMIMEX PETROLEUM INC Phone: (970) 630-1272
Address: 7950 JOHN T WHITE ROAD
City: FORT WORTH State: TX Zip: 76120 Email:
API Number: 05-125-09518 OGCC Facility ID Number: 280171
Well/Facility Name: BOWMAN Well/Facility Number: 14-21-5-44
Location QtrQtr: SESW Section: 21 Township: 5N Range: 44W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 6/11/2008 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:

Wellbore Data at Time of Test Injection Producing Zone(s) Perforated Interval Open Hole Interval
NBRR 2351-2371 NA
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

Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure. Row 1: 03-14-2014, TEMPORARILY ABANDONED, 0

Table with 5 columns: Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain. Row 1: 1000, 1000, 1000, 1000, 0

Test Witnessed by State Representative? [X] OGCC Field Representative SCHURE, KYM

OPERATOR COMMENTS:

[Empty box for operator comments]

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

Signed: Y Print Name: JEREMEY FISHER
Title: JEREMEY FISHER Email: Date: 3/14/2014

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

COGCC Approved: SCHURE, KYM

Date: 3/14/2014

**CONDITIONS OF APPROVAL, IF ANY:**

**Attachment List**

**Att Doc Num**      **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)