

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:

403028584

Date Received:

## 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>100322</u>  | Contact Name <u>Gabriel</u> <u>281</u> | Pressure Chart     |  |  |
| Name of Operator: <u>NOBLE ENERGY INC</u>  | Phone: <u>(281) 413-9348</u>           | Cement Bond Log    |  |  |
| Address: <u>2001 16TH STREET SUITE 900</u>   |  | Tracer Survey      |  |  |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> Email: <u>RBUARORegulatory@chevron.co</u>         |  | Temperature Survey |  |  |
| API Number : 05- <u>123-17059</u>  | OGCC Facility ID Number: <u>249257</u> | Inspection Number  |  |  |
| Well/Facility Name: <u>MILLAGE</u>   | Well/Facility Number: <u>12-5</u>      |                    |  |  |
| Location QtrQtr: <u>SWNW</u> Section: <u>12</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u> |  |                    |  |  |

SHUT-IN PRODUCTION WELL       INJECTION WELL      Last MIT Date: \_\_\_\_\_

**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    |                     |                    |                          | Casing Test  |
|----------------------------------|---------------------|--------------------|--------------------------|--|
| Injection Producing Zone(s)      | Perforated Interval | Open Hole Interval |                          |  |
| NB-CD                            | 6450-6723           |                    |                          |  |
| Tubing Casing/Annulus 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. |
| Tubing Size:                     | Tubing Depth:       | Top Packer Depth:  | Multiple Packers?        |  |
|                                  |                     |                    | <input type="checkbox"/> |  |
| Bridge Plug or Cement Plug Depth |                     |                    |                          |  |
|                                  |                     |                    |                          | 6433   |

| Test Data (Use -1 for a vacuum) |                          |                             |                            |                       |
|---------------------------------|--------------------------|-----------------------------|----------------------------|-----------------------|
| Test Date                       | Well Status During Test  | Casing Pressure Before Test | Initial Tubing Pressure    | Final Tubing Pressure |
| 04-09-2022                      | TEMPORARILY ABANDONED    | 0                           | 0                          | 0                     |
| Casing Pressure Start Test      | Casing Pressure - 5 Min. | Casing Pressure - 10 Min.   | Casing Pressure Final Test | Pressure Loss or Gain |
| 367                             | 365                      | 364                         | 363                        | -4                    |

Test Witnessed by State Representative?  OGCC Field Representative \_\_\_\_\_

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: Julie Webb

Title: Sr. Regulatory Analyst Email: julie.webb@chevron.com Date: \_\_\_\_\_

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

COGCC Approved: \_\_\_\_\_

Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

**Attachment List**

**Att Doc Num**

**Name**

|           |                  |
|-----------|------------------|
| 403028587 | FORM 21 ORIGINAL |
| 403028588 | PRESSURE CHART   |

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)