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FORM 21 Rev 9/14

State of Colorado Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

FOR OGCC USE ONLY

Document Number:

Date Received:

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 a 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. OGCC notification must be provided 10 days prior to the test via Form 42.
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

OGCC Operator Number: 100322
Name of Operator: NOBLE
Address: 2115 117TH AVE
City: GREELEY State: CO Zip: 80634
API Number: 05-123-17059 OGCC Facility ID Number:
Well/Facility Name: MILLAGE Well/Facility Number: 12-5
Location QtrQtr: SWNW Section: 12 Township: 4N Range: 64W Meridian: 6

Table with 3 columns: Attachment Name, Oper, OGCC. Rows include Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

[X] SHUT-IN PRODUCTION WELL [] INJECTION WELL Last MIT Date:

Test Type:

- [X] 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): NIO/CDL
Perforated Interval: 6450'-6723'
Open Hole Interval:
Casing Test: Bridge Plug or Cement Plug Depth 6096'-6433'

Tubing Casing/Annulus Test
Tubing Size: 2 3/8
Tubing Depth: 6434
Top Packer Depth: N/A
Multiple Packers? [] Yes [X] No

Test Data table with columns for Test Date, Well Status, Casing Pressure, Initial/Final Tubing Pressure, Casing Pressure Start/5/10 Min/Final, and Pressure Loss/Gain.

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

Print Name: BRANDON TRACY

Signed: BRANDON TRACY Title: WELLSITE SUPERVISOR Date:

OGCC Approval: Title: Date:

Conditions of Approval, if any: