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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

- 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 a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be a at minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressurees 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.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- 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: <u>10459</u>	Contact Name and Telephone <u>ADAM CONRY</u>
Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	No: <u>(303) 883-3351</u>
Address: <u>370 17TH STREET SUITE 5200</u>	Email: <u>AConry@civiresources.com</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	
API Number: <u>05-014-20802</u> OGCC Facility ID Number: <u>457719</u>	
Well/Facility Name: <u>UNITED A</u> Well/Facility Number: <u>#S16-20-9N</u>	
Location QtrQtr: <u>NENE</u> Section: <u>9</u> Township: <u>1S</u> Range: <u>68W</u> Meridian: <u>6</u>	

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

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 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
Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	
	NP		

Tubing Casing/Annulus Test			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data				
Test Date <u>5-31-22</u>	Well Status During Test <u>SUSPENDED OPERATIONS</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure <u>0</u>	Final Tubing Pressure <u>0</u>
Casing Pressure Start Test <u>371</u>	Casing Pressure - 5 Min. <u>371</u>	Casing Pressure - 10 Min. <u>371</u>	Casing Pressure Final Test <u>371</u>	Pressure Loss or Gain During Test <u>0</u>
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OGCC Field Representative (Print Name): _____		

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

Print Name: Curtis McFarland

Signed: [Signature] Title: _____ Date: 5-31-22

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: