

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:

403086605

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 Barragan</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>RBUARORRegulatory@chvron.c</u>		Temperature Survey		
API Number : 05- <u>123-29409</u>	OGCC Facility ID Number: <u>299557</u>	Inspection Number		
Well/Facility Name: <u>SANDAU K</u>	Well/Facility Number: <u>21-24</u>			
Location QtrQtr: <u>SWSE</u> Section: <u>21</u> Township: <u>4N</u> Range: <u>66W</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 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 <u>6424</u>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
NB-CD	6942-7260			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
			<input type="checkbox"/>	

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
06-09-2022	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
350	347	345	344	-6

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

403086612	FORM 21 ORIGINAL
403087421	PRESSURE CHART

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)