

From: Steven James steve@westernoperating.com  
Subject: Emailing: DOC430  
Date: July 13, 2022 at 10:25 AM  
To: tcrumley@tcrumleypumpingservice.com


Hi Tim,

Attached is Form 21 for the MIT of the Basler SWD well. The date is arbitrary so that it would print.

Give me 2 day notice to file form 42.

Thanks,

Steve

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 <b>4418430</b> Date Received	
<b>MECHANICAL INTEGRITY TEST</b>						Complete the Attachment	
<p>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 recommended 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 or 128, 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 700 feet of the perforated interval to be considered a valid test.</p>						Checklist	
OGCC Operator Number: 95620 Contact Name: Steven James						Pressure Chart	
Name of Operator: WESTERN OPERATING COMPANY Phone: (303) 895-2438						Cement Bond Log	
Address: 1155 DELAWARE STREET #200						Tubing Survey	
City: DENVER State: CO Zip: 80204 Email: steve@westernoperating.com						Temperature Survey	
API Number: 05-121-06743 OGCC Facility ID Number: 206253						Inspection Number	
Well/Facility Name: BASLER Well/Facility Number: 1						6883/2772	
Location: Q/QIR NWNE Section: 14 Township: 1N Range: 54W Meridian: 6							
SHUT-IN PRODUCTION WELL <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> Last MIT Date: 7/21/2017 12:00:00 AM							
Test Type: Test to Maintain SBTA status <input type="checkbox"/> 5-Year UIC <input checked="" type="checkbox"/> Reset Packers 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		Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
JSD		5012-5022				Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test							
Tubing Size		Tubing Depth		Top Packer Depth		Multiple Packers?	
2.875		4965		4875			
Test Data (Use -1 for a vacuum)							
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure			
07-13-2022	IS	Q	-5	-5			
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain			
380 → 317 → 300		< 300	< 300	> 10%			
Test Witnessed by State Representative? <input checked="" type="checkbox"/> OGCC Field Representative: Susan Sherman							
OPERATOR COMMENTS: Brhd Q psi						FAILED	
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____ Print Name: Steven D James							
Title: President Email: steve@westernoperating.com Date: _____							

Based on the information provided herein, this Notice of Approval complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved



Date

7/19/2022

CONDITIONS OF APPROVAL, IF ANY: