

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:

403128197

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 an OGCC representative. Injection well tests must be 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 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. 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 100 feet of the perforated interval to be considered a valid test.

Complete the Attachment

Checklist

OP OGCC

OGCC Operator Number: <u>710</u>	Contact Name <u>BARRY SNYDER</u>				Pressure Chart
Name of Operator: <u>AEON ENERGY CORP</u>	Phone: <u>(303) 922-0590</u>				Cement Bond Log
Address: <u>2600 SOUTH LEWIS WAY #102</u>					Tracer Survey
City: <u>LAKEWOOD</u>	State: <u>CO</u>	Zip: <u>80227</u>	Email: <u>aeonco@aol.com</u>		Temperature Survey
API Number: <u>05-115-06062</u> OGCC Facility ID Number: <u>280793</u>					Inspection Number
Well/Facility Name: <u>HV RANCH</u> Well/Facility Number: <u>32-1</u>					
Location QtrQtr: <u>SWNE</u> Section: <u>1</u> Township: <u>11N</u> Range: <u>47W</u> Meridian: <u>6</u>					

SHUT-IN PRODUCTION WELL  INJECTION WELL Last MIT Date: 8/9/2017 12:00:00 AM

Test Type:

- Test to Maintain SI/TA status  5-Year UIC  Annual UIC TEST  Reset Packer
- Verification of Repairs  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 <input style="width: 100px; height: 20px;" type="text"/>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval	
<u>LKT-J</u>	<u>3890-3928</u>		
Tubing Casing/Annulus Test			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
<u>2.3875</u>	<u>3845</u>	<u>3853</u>	

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>07-29-2022</u>	<u>INJECTING</u>	<u>0</u>	<u>1</u>	<u>1</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>350</u>	<u>350</u>	<u>350</u>	<u>350</u>	<u>0</u>

Test Witnessed by State Representative?  OGCC Field Representative Schure, Kym

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: BARRY SNYDER  
Title: PRESIDENT Email: aeonco@aol.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: 7-29-2022

CONDITIONS OF APPROVAL, IF ANY: