

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. Injection wells 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. 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: _____	Contact Name and Telephone _____	<table border="1"><thead><tr><th></th><th>Oper</th><th>OGCC</th></tr></thead><tbody><tr><td>Pressure Chart</td><td></td><td></td></tr><tr><td>Cement Bond Log</td><td></td><td></td></tr><tr><td>Tracer Survey</td><td></td><td></td></tr><tr><td>Temperature Survey</td><td></td><td></td></tr><tr><td>Inspection Number</td><td></td><td></td></tr></tbody></table>		Oper	OGCC	Pressure Chart			Cement Bond Log			Tracer Survey			Temperature Survey			Inspection Number		
	Oper		OGCC																	
Pressure Chart																				
Cement Bond Log																				
Tracer Survey																				
Temperature Survey																				
Inspection Number																				
Name of Operator: _____	No: _____																			
Address: _____	Email: _____																			
City: _____ State: _____ Zip: _____																				
API Number: <u>087-05211</u> OGCC Facility ID Number: _____																				
Well/Facility Name: <u>Dewey 6</u> Well/Facility Number: _____																				
Location QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____																				

☒ 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.	
Injection/Producing Zone(s) <u>J</u>	Perforated Interval: <u>5755-5765</u>	Open Hole Interval:	Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test				
Tubing Size: <u>2 3/8</u>	Tubing Depth:	Top Packer Depth: <u>5655</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date <u>9-20-22</u>	Well Status During Test <u>SI</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure	Final Tubing Pressure
Casing Pressure Start Test <u>350</u>	Casing Pressure - 5 Min. <u>346</u>	Casing Pressure - 10 Min. <u>345</u>	Casing Pressure Final Test <u>345</u>	Pressure Loss or Gain During Test <u>-5</u>
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): <u>Kyle Schure</u>		

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

Print Name: Gene Wehrer

Signed: _____ Title: Pumper

Date: _____

OGCC Approval: _____ Title: _____

Date: 9-20-22

Conditions of Approval, if any: _____