

Click here to reset the form

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

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 a at minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressurees 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.

OGCC Operator Number:

10657

Contact Name and Telephone

Name of Operator:

PCR Operating

Gene Wehrer

Address:

No:

City:

State:

Zip:

Email:

API Number:

087-05489

OGCC Facility ID Number:

Well/Facility Name:

State of Colo A-2

Well/Facility Number:

Location QtrQtr:

Section:

Township:

Range:

Meridian:

Complete the  
Attachment Checklist

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:

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

5539

Wellbore Data at Time of Test

Injection/Producing Zone(s)

J

Perforated Interval:

5657-5662

Open Hole Interval:

Tubing Casing/Annulus Test

Tubing Size:

Tubing Depth:

Top Packer Depth:

Multiple Packers?

☐ Yes

☐ No

Test Data

Test Date

10-24-22

Well Status During Test

SI

Casing Pressure Before Test

0

Initial Tubing Pressure

Final Tubing Pressure

Casing Pressure Start Test

340

Casing Pressure - 5 Min.

340

Casing Pressure - 10 Min.

340

Casing Pressure Final Test

340

Pressure Loss or Gain During Test

-0

Test Witnessed by State Representative?

☒ Yes

☐ No

OGCC Field Representative (Print Name):

Schura

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:

COGCC

Date:

10-24-22

Conditions of Approval, if any: