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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: <u>17180</u>		Contact Name and Telephone	Oper	OGCC
Name of Operator: <u>Citation Oil & Gas Corp.</u>		Dustin Fulton	Pressure Chart	
Address: <u>14077 Cutten Road</u>		No: <u>(719) 343-3717</u>	Cement Bond Log	
City: <u>Houston</u> State: <u>TX</u> Zip: <u>77069</u>		Email: <u>dfulton@cogc.com</u>	Tracer Survey	
API Number: <u>05-075-06625</u> OGCC Facility ID Number: _____			Temperature Survey	
Well/Facility Name: <u>W E Dickinson</u> Well/Facility Number: <u>1</u>				
Location QtrQtr: <u>NESW</u> Section: <u>6</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6PM</u>			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: MIT TO RETURN WELL BACK TO PRODUCTION

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

Wellbore Data at Time of Test

Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:
<u>O-SAND</u>	<u>5020-5034</u>	<u>N/A</u>

Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
<u>2 7/8</u>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>1-20-23</u>	<u>SI</u>	<u>0</u>	<u>0</u>	
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test
<u>380</u>	<u>380</u>	<u>380</u>	<u>380</u>	<u>-0-</u>
Test Witnessed by State Representative?		OGCC Field Representative (Print Name):		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Kym 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: Dustin Fulton

Signed: _____ Title: Asst. Prod Foreman

Date: _____

OGCC Approval: _____ Title: COGCC

Date: 1-20-2023

Conditions of Approval, if any:

Form 42#: 403285513

Inspection Doc #: _____