

FORM
21
Rev 9/14State 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 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.

Complete the
Attachment Checklist

OGCC Operator Number: <u>10779</u>		Contact Name and Telephone <u>ANITA SANFORD</u>		Oper	OGCC
Name of Operator: <u>SCOUT</u>		No: <u>(970) 551-8313</u>		Pressure Chart	<input checked="" type="checkbox"/>
Address: <u>100 Chevron Road</u>		Email: <u>anita.sanford@scoutep.com</u>		Cement Bond Log	<input type="checkbox"/>
City: <u>Rangely</u>	State: <u>CO</u>	Zip: <u>81648</u>		Tracer Survey	<input type="checkbox"/>
API Number: <u>05-103-09301</u>		OGCC Facility ID Number: <u>47443 / Rangely Field 72370</u>		Temperature Survey	<input type="checkbox"/>
Well/Facility Name: <u>A.C. McLAUGHLIN</u>		Well/Facility Number: <u>80X</u>			<input type="checkbox"/>
Location QtrQtr: <u>NWNW</u>		Section: <u>14</u>	Township: <u>2N</u>	Inspection Number	<input checked="" type="checkbox"/>
		Range: <u>103W</u>	Meridian: <u>6th</u>		

☒ SHUT-IN PRODUCTION WELL☐ INJECTION WELLLast MIT Date: 05/18/2018

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) Weber	Perforated Interval: 6485-6677	Open Hole Interval:	Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test				
Tubing Size: 2 7/8'	Tubing Depth: 6476	Top Packer Depth: 6438	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date 09/08/2023	Well Status During Test OBW	Casing Pressure Before Test 0	Initial Tubing Pressure 0	Final Tubing Pressure 360
Casing Pressure Start Test 365	Casing Pressure - 5 Min. 365	Casing Pressure - 10 Min. 365	Casing Pressure Final Test 365	Pressure Loss or Gain During Test 0
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): Kirby Burchett		

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

Print Name: Anita Sanford Form 42# 403511809

Field Inspection # _____

Signed: _____ Title: Regulatory AnalystDate: 09/08/2023

OGCC Approval: _____ Title: _____

Date: 09/08/2023

Conditions of Approval, if any: _____