

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.
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 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: 10779
Name of Operator: SCOUT
Address: 100 Chevron Road
City: Rangely State: CO Zip: 81648
API Number: 05-103-09301 OGCC Facility ID Number: 47443 / Rangely Field 72370
Well/Facility Name: A.C. McLAUGHLIN Well/Facility Number: 80X
Location QtrQtr: NWNW Section: 14 Township: 2N Range: 103W Meridian: 6th

Attachment Checklist table with columns for Oper and OGCC, and rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, and Inspection Number.

[X] SHUT-IN PRODUCTION WELL [] INJECTION WELL Last MIT Date: 05/18/2018

Test Type:

- [X] 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 (Weber, 6485-6677)
Casing Test
Tubing Casing/Annulus Test (Tubing Size: 2 7/8', Tubing Depth: 6476, Top Packer Depth: 6438)
Test Data table (Test Date: 09/08/2023, Well Status: OBW, Casing Pressure: 365, Final Tubing Pressure: 360)
Test Witnessed by State Representative? [X] Yes [] 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 Analyst Date: 09/08/2023

OGCC Approval: Title: Date: 09/08/2023

Conditions of Approval, if any: