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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: 10762	Contact Name and Telephone	Oper	OGCC
Name of Operator: JWC Operating LLC	Bill Craig	Pressure Chart	
Address: 50450 CR 23	No: (719) 650-4991	Cement Bond Log	
City: LIMON State: CO Zip: 80628	Email: jwvranch@gmail.com	Tracer Survey	
API Number: 073-06477 OGCC Facility ID Number: 429842		Temperature Survey	
Well/Facility Name: John Craig Well/Facility Number: 6-2			
Location QtrQtr: SENW Section: 2 Township: 10S Range: 56W Meridian: 6		Inspection Number	

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Last MIT Date:

Test Type:

- ☒ Test to Maintain SI/TA status
☐ Verification of Repairs

- ☐ 5-year UIC
☐ Annual UIC Test

☐ Reset Packer

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test

Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:
MT-CRK	7250-7254	

Bridge Plug or Cement Plug Depth
7240

Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
2 7/8	7363	7214	<input type="checkbox"/> Yes <input type="checkbox"/> No

Test Data

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
10/2/23	SI	0 PSI	0 PSI	0 PSI
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test
345 PSI	340 PSI	340 PSI	340 PSI	-5 PSI

Test Witnessed by State Representative?	OGCC Field Representative (Print Name):
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Brian Welsh

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

Print Name: Kristina Lee

Signed: Kristina Lee

Title: Regulatory Consultant

Date: 10/04/2023

OGCC Approval: Brian Welsh

Title: Field Inspector

Date: 10/2/23

Conditions of Approval, if any:

Form 42 # 4035472105
Insp Doc # 701007456