

FORM

21

Rev  
11/20

## State of Colorado

## Energy &amp; Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403708431

Date Received:

03/05/2024

## 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 an ECMC 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. Written ECMC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
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

OP ECMC

ECMC Operator Number: 46290	Contact Name: Victoria Dizghinjili	Pressure Chart		
Name of Operator: KP KAUFFMAN COMPANY INC	Phone: (303) 825-4822	Cement Bond Log		
Address: 1700 LINCOLN ST STE 4550		Tracer Survey		
City: DENVER State: CO Zip: 80203 Email: vdizghinjili@tax.hrblock.com		Temperature Survey		
API Number: 05- 123-09717 ECMC Facility ID Number: 241926		Inspection Number		
Well/Facility Name: CARY WALKLING Well/Facility Number: 1				
Location QtrQtr: SENW Section: 21 Township: 2N Range: 66W Meridian: 6				

☒ 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:

## Wellbore Data at Time of Test

Injection Producing Zone(s)	Perforated Interval	Open Hole Interval
SUSX	4670-4694	

## Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
			<input type="checkbox"/>

## 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

4600

## Test Data (Use -1 for a vacuum)

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
02-29-2024	SHUT-IN	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
430	425	420	415	-15

Test Witnessed by State Representative? ☒

ECMC Field Representative

Revas, Robbie

## OPERATOR COMMENTS:

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

Signed:

Print Name: TJ Kilian

Title: Field Engineer

Email: tkilian@kpk.com

Date: 3/5/2024

Based on the information provided herein, this Notice (Form 21) complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: Wang, Jian

Date: 5/1/2024

**CONDITIONS OF APPROVAL, IF ANY LIST**

For future submissions, if Bridge Plug was used as isolation for test, acknowledge if Bridge Plug remains in hole, or was removed after the test.

The Form 7, Operators Report of Monthly Operations, must correctly reflect the well status. Submit corrected Form 7 reports no later than 05/15/2024.

A Form 5A, Completed Interval Report, is required to report all plugs currently downhole which isolate any perforated interval. Submit a Form 5A no later than 05/31/2024.

Well last produced 10/2021, and has been designated as Inactive. Within 6 months of a Well becoming Inactive action must be taken. No later than 06/30/2024, this well must:

- A. Be plugged and Abandoned,
- B. Return to production so that it is no longer an Inactive Well,
- C. Have an approved Form 5B, Inactive Well Notice,
- D. Be designated as Out of Service by submitting a Form 6A, Out of Service Designation.

**ATTACHMENT LIST**

**Att Doc Num**

**Name**

403708431	FORM 21 SUBMITTED
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403708520	FORM 21 ORIGINAL
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Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)