

KPK
McCallum 106
API # 057-06193



location



location



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Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

July 16, 2024 at 11:09:37 AM
T40-789316, -106.251838 ±4.74
ECMO

MECHANICAL INTEGRITY TEST

OGCC Operator Number: 45290
Name of Operator: KPKAUFFMAN COMPANY, INC.
Address: 1700 LINCOLN ST #450
City: DENVER State: CO Zip: 80202
API Number: 05-057-06193 OGCC Facility ID Number: 212300
Well/Facility Name: MCCALLUM UNIT
Location (Ctqr): SENW Section: 34 Township: 10N Range: 79W Meridian: 6
Well/Packer Number: 106
OGCC Operator Number: 45290
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Location (Ctqr): SENW Section: 34 Township: 10N Range: 79W Meridian: 6
Well/Packer Number: 106

Test Type: ☒ SHUT-IN PRODUCTION WELL ☒ INJECTION WELL
Test to Maintain SI/TA status: ☒ 5-year UIC ☐ Annual UIC Test
Verification of Repairs: ☐ Reset Packer
Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test
Injection/Producing Zone(s): PIERRE B Perforated Interval: 1076-1100
Tubing Casing/Annulus Test
Tubing Size: 2 3/8" Tubing Depth: 997 Top Packer Depth: 997 Multiple Packers? ☐ Yes ☒ No
Test Data
Test Date: 7/16/24 Test Type: I.N.J. Casing Pressure - 5 Min: 795 Casing Pressure - 30 Min: 750 Casing Pressure Final Test: 580
Casing Pressure Start Test: 840 Casing Pressure End of Test: 580
Test Witnessed by State Representative? ☒ Yes ☐ No
OGCC Field Representative (Print Name): Scott Ramsey

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
Print Name: Jason Ray Boyles Title: field operations manager Date: 7-16-24
Signed: [Signature] Title: Inspector Date: 7/16/24
OGCC Approval: _____
Conditions of Approval, if any:

Failed MIT
S/I and Contact engineering within 24hr

Form 21

Click here to reset the form
State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

FORM 21
Rev 9/14

FOR OGCC USE ONLY
Document Number: _____
Date Received: _____

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 35 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 witnessed by an OGCC representative.
4. For injection wells, test pressures must be at least 300 psi or average injection pressure, whichever is greater.
5. For injection wells, test pressures must be at least 300 psi 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 328.1(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 packer/bridge plug to be considered a valid test.

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OGCC Field Representative (Print Name): Scott Ramsey

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
Print Name: Jason Ray Boyles Title: field operations manager Date: 7-16-24
Signed: [Signature] Title: Inspector Date: 7/16/24
OGCC Approval: _____
Conditions of Approval, if any:

Failed MIT
S/I and Contact engineering within 24hr