

WELL NAME: AMX 13-13, API #: 071-08630, INSP. # 716300009



PHOTO 1: WELL SIGN



PHOTO 2: LOCATION



PHOTO 3: WELLHEAD AND EQUIPMENT

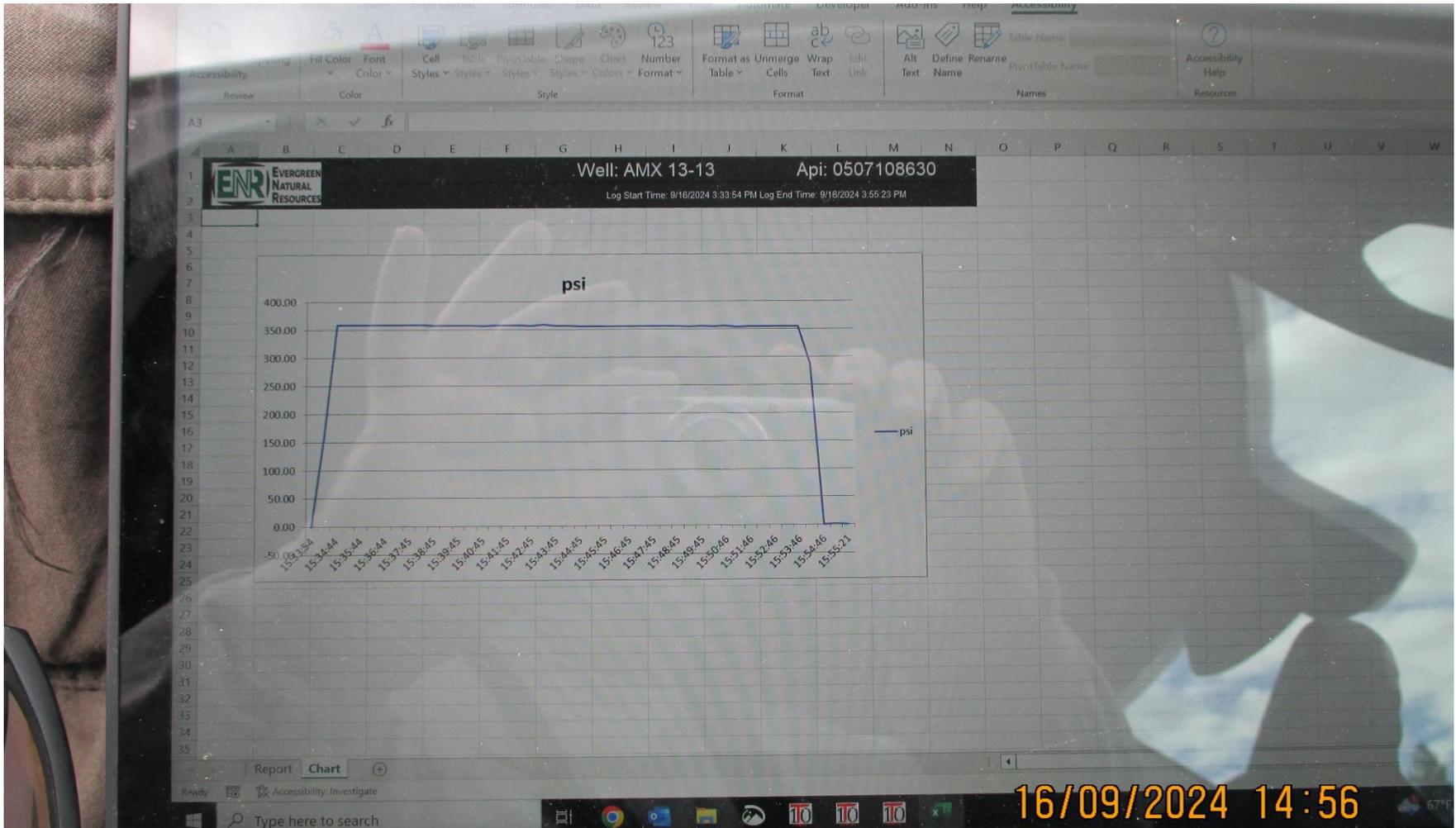


PHOTO 4: MIT CHART

16/09/2024 14:54

Click here to reset the form

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 that must accompany this report. If the 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 minimum of 300 psi.
4. New injection wells must be tested to maximum regulated injection pressure.
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/annulus pressure.
7. Do not use this form if submitting under provisions of Rule 336.2(1)(b) or C.
8. OGCC notification must be provided 30 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

Pressure Chart	
Cement Bond Log	
Tracer Survey	
Temperature Survey	
Inspection Number	

OGCC Operator Number: _____ Contact Name and Telephone: _____ Oper: OGCC

Name of Operator: Emerald Natural Services Contact Name: Tamy Dyer

Address: 2700 Hwy 12 No: 789-889-4234

City: TENNICO State: CO Zip: 81022 Email: Tamy.Dyer@emsns.com

API Number: 05-01-00450 OGCC Facility ID Number: _____

Well/Facility Name: Asa Well/Facility Number: 13-12

Location Qtr/Sec/R13W Section: 13 Township: 32 Range: _____ Meridian: _____

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		Casing Test	
Injection/Producing Zone(s)	Perforated Interval:	Use when perforations or open hole is isolated by bridge plug or cement plug-use if cased-hole only with plug back total depth.	
<u>Raton/Vermorel</u>	<u>1229' - 2234'</u>	Open Hole Interval:	Bridge Plug or Cement Plug Depth
		<u>N/A</u>	<u>N/A</u>

Tubing Casing/Annulus Test			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
<u>2 7/8"</u>	<u>1,098'</u>	<u>1,098'</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Test Data					
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure	
<u>9/16/2024</u>	<u>SI</u>	<u>0 PSI</u>	<u>0 PSI</u>	<u>0 PSI</u>	
Casing Pressure Start Test	Casing Pressure - 5 Min	Casing Pressure - 10 Min	Casing Pressure Final Test	Pressure Loss or Gain During Test	
<u>359.5</u>	<u>357.2</u>	<u>355.7</u>	<u>354.7</u>	<u>-3.8 PSI</u>	

Test Witnessed by State Representative? Yes No

OGCC Field Representative (Print Name): Tom Branczak

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

Print Name: TENNICO Harris Title: Well Service Foreman Date: 9/16/2024

Signed: _____ Title: _____ Date: _____

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: _____

PHOTO 5: FORM 21



PHOTO 5: UNUSED EQUIPMENT (UNUSED UNMARKED RISER NEAR ORIG. WELLHEAD). REMOVE OR MARK UNUSED RISER PER RULE 606.