

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



PHOTO 1: WELL SIGN



COLORADO
Energy & Carbon Management
Commission
Department of Natural Resources



PHOTO 2: LOCATION





PHOTO 3: WELLHEAD AND EQUIPMENT



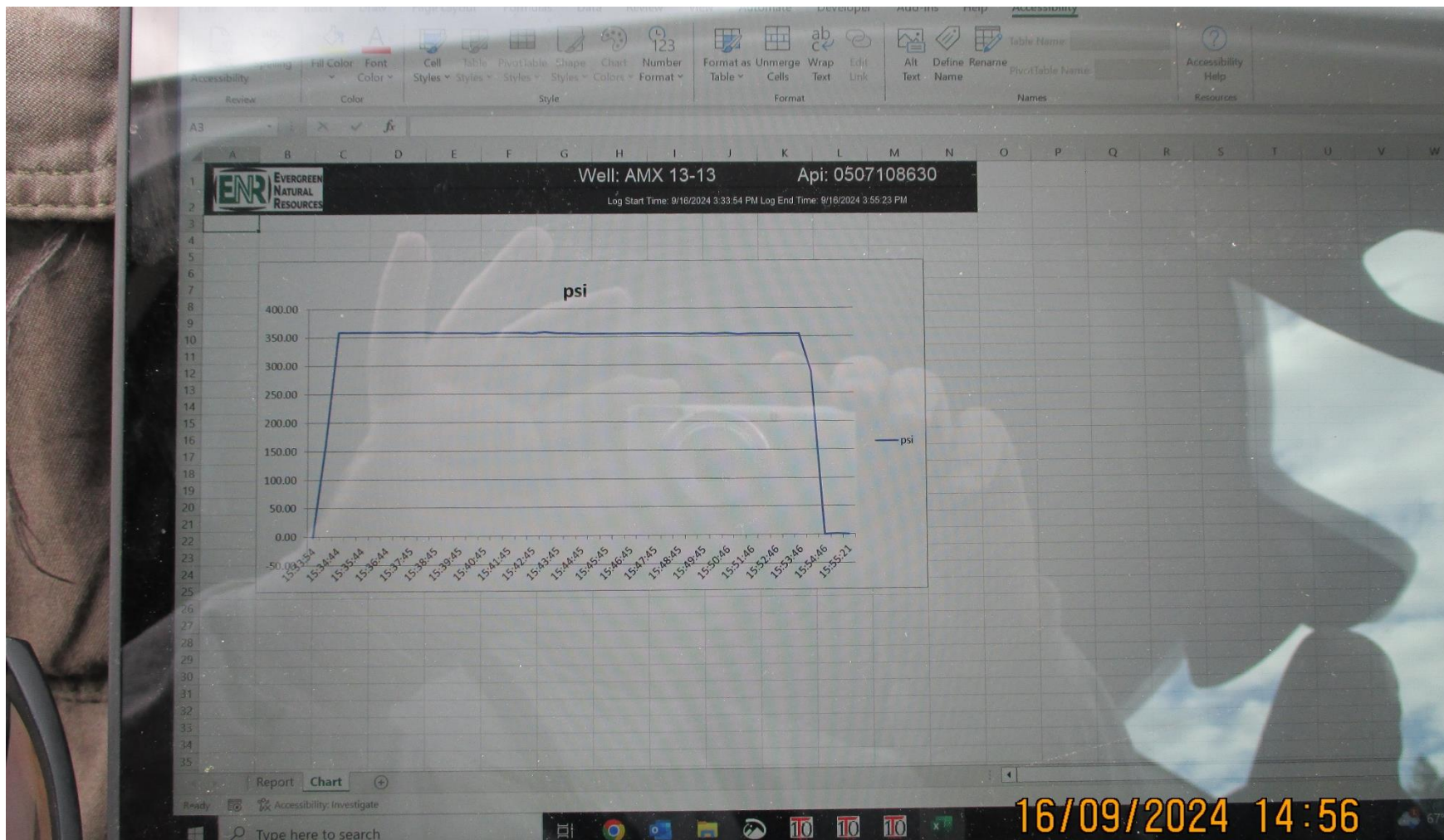


PHOTO 4: MIT CHART



16/09/2024 14:54

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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

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 the test was not witnessed by a OGCC representative, injection well tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be at 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 216.111 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.

FOR OGCC USE ONLY

Document Number: _____

Date Received: _____

Complete the Attachment Checklist

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

Name of Operator: EMERSON NATURE SERVICES Contact Name: TAMMY DYER

Address: 27000 Hwy 13 No: 789-889-4234

City: TECHNICAL State: CO Zip: 81022 Email: Tammy.Dyer@emerson.com

API Number: 0501-00450 OGCC Facility ID Number: _____

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

Location Qtr/Sec/Range: 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

Injection/Producing Zone(s): Bottom/Upper Perforated Interval: 1229' - 2734' Open Hole Interval: N/A

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: N/A

Tubing Casing/Annulus Test

Tubing Size: 2 7/8" Tubing Depth: 1,098' Top Packer Depth: 1,098' Multiple Packers? ☐ Yes ☒ No

Test Data

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
9/16/2024	SI	0 PSI	0 PSI	0 PSI
Casing Pressure Start Test	Casing Pressure - 10 Min	Casing Pressure - 10 Min	Casing Pressure Final Test	Pressure Loss or Gain During Test
358.5	357.2	355.7	354.7	-3.8 PSI

Test Witnessed by State Representative? ☒ Yes ☐ No

OGCC Field Representative (Print Name): TOM BRANCHAK

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

Print Name: TECHNICAL NAME Title: WELL STATUS 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.