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State of Colorado Energy and Carbon Management Commission



FORM 21 Rev 11/20

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

- Duration of the pressure test must be a minimum of 15 minutes.
- 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.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- 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

Oper OGCC

| | |
|----------------------------------------------------------------------------------------------------|---------------------------------------|
| ECMC Operator Number: <u>61250</u> | Contact Name and Telephone |
| Name of Operator: <u>Mull Drilling CO Inc</u> | <u>Tracy Akers</u> |
| Address: <u>1700 N Waterfront Pkwy B#1200</u> | No: <u>719-342-1813</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67206</u> | Email: <u>Tracy@mullcompanies.com</u> |
| API Number: <u>05-017-07088</u> OGCC Facility ID Number: <u>208153</u> | |
| Well/Facility Name: <u>NW AU</u> | Well/Facility Number: <u>14</u> |
| Location Qtr: <u>ESE</u> Section: <u>31</u> Township: <u>13S</u> Range: <u>40W</u> Meridian: _____ | |

| | | |
|--------------------|--|--|
| Pressure Chart | | |
| Cement Bond Log | | |
| Tracer Survey | | |
| Temperature Survey | | |
| Inspection Number | | |

SHUT-IN PRODUCTION WELL

INJECTION WELL

Last MIT Date: 2-9-22

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: Ran CBL and caliper log

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

Wellbore Data at Time of Test

| | | |
|-----------------------------|----------------------|---------------------|
| Injection/Producing Zone(s) | Perforated Interval: | Open Hole Interval: |
| <u>Morrow</u> | <u>5270' - 5274'</u> | |

Tubing Casing/Annulus Test

| | | | |
|--------------|---------------|-------------------|---------------------------------------------------------------------|
| Tubing Size: | Tubing Depth: | Top Packer Depth: | Multiple Packers? |
| <u>2 7/8</u> | <u>5253'</u> | <u>5254'</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>9/26/24</u> | <u>TA</u> | <u>0 PSI</u> | <u>NA</u> | <u>NA</u> |
| Casing Pressure Start Test | Casing Pressure - 5 Min. | Casing Pressure - 10 Min. | Casing Pressure Final Test | Pressure Loss or Gain During Test |
| <u>540 PSI</u> | <u>540 PSI</u> | <u>540 PSI</u> | <u>540 PSI</u> | <u>0 PSI</u> |

Test Witnessed by State Representative?

Yes No

ECMC Field Representative (Print Name):

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: Tracy Akers

Signed: Tracy Akers

Title: Colo Foreman

Date: 9-26-2024

ECMC Approval: Brian Welsh

Title: Field Inspector

Date: 9/26/24

Conditions of Approval, if any:

Form 42 # 403931258
Insp Doc # 715201017