

FORM

21

Rev
11/20

State of Colorado Energy & Carbon Management Commission

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



Document Number:

403955764

Date Received:

10/14/2024

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. Injection well tests must be 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: <u>10705</u> | Contact Name: <u>Tracy Dyke</u> | Pressure Chart | | |
| Name of Operator: <u>EVERGREEN NATURAL RESOURCES LLC</u> | Phone: <u>(719) 846-7898</u> | Cement Bond Log | | |
| Address: <u>1875 LAWRENCE ST STE 1150</u> | | Tracer Survey | | |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> Email: <u>tracy.dyke@enrllc.com</u> | | Temperature Survey | | |
| API Number: <u>05-071-07444</u> | ECMC Facility ID Number: <u>260475</u> | Inspection Number | | |
| Well/Facility Name: <u>KAHN</u> | Well/Facility Number: <u>33-15</u> | | | |
| Location QtrQtr: <u>NWSE</u> Section: <u>15</u> Township: <u>33S</u> Range: <u>66W</u> Meridian: <u>6</u> | | | | |

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 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 <input type="text"/> |
|-------------------------------|---------------------|--------------------|--------------------------|---|
| Injection Producing Zone(s) | Perforated Interval | Open Hole Interval | | |
| VRMJ | 1400-1649 | | | |
| Tubing Casing/Annulus Test | | | | |
| Tubing Size: | Tubing Depth: | Top Packer Depth: | Multiple Packers? | |
| 2.875 | 1395 | 1395 | <input type="checkbox"/> | |

| Test Data (Use -1 for a vacuum) | | | | |
|---------------------------------|--------------------------|-----------------------------|----------------------------|-----------------------|
| Test Date | Well Status During Test | Casing Pressure Before Test | Initial Tubing Pressure | Final Tubing Pressure |
| 10-10-2024 | 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 |
| 390 | 389 | 389 | 388 | -2 |

Test Witnessed by State Representative? ECMC Field Representative _____

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: Tracy Dyke

Title: Construction Technician Email: tracy.dyke@enrllc.com Date: 10/14/2024

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: 10/18/2024

CONDITIONS OF APPROVAL, IF ANY LIST

Operator shall submit current wellbore diagram as required by Rule 420 by 11/18/2024. Please follow ECMC guidance on wellbore diagram. All information should be incorporated into the wellbore diagram for a visual representation.

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 11/18/2024.

Well last produced 07/2022, and has been designated as Inactive. Within 6 months of a Well becoming Inactive action must be taken. No later than 11/18/2024, 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

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|---------------------------|
| 403955764 | MECHANICAL INTEGRITY TEST |
| 403955798 | FORM 21 ORIGINAL |
| 403955801 | PRESSURE CHART |
| 403955803 | PRESSURE CHART |
| 403963242 | FORM 21 SUBMITTED |

Total Attach: 5 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)