

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:

404014890

Date Received:

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: 95620	Contact Name: Steven James	Pressure Chart	
Name of Operator: WESTERN OPERATING COMPANY	Phone: (303) 893-2438	Cement Bond Log	
Address: 1165 DELAWARE STREET #200		Tracer Survey	
City: DENVER State: CO Zip: 80204 Email: steve@westernoperating.com		Temperature Survey	
API Number: 05-075-06172	ECMC Facility ID Number: 219318	Inspection Number	
Well/Facility Name: LIBERTY	Well/Facility Number: 2		
Location QtrQtr: L6NE Section: 5 Township: 8N Range: 54W Meridian: 6			

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 10/24/2019 12:00:00 AM

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 _____
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
12-12-2024 K.S.		0	0	
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
446	446	446	446	-0-

Test Witnessed by State Representative? ECMC Field Representative Schure, Kym

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: Steven D James

Title: President Email: steve@westernoperating.com Date: _____