

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:

404081731

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.
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: 10705	Contact Name: Tracy Dyke	Pressure Chart		
Name of Operator: EVERGREEN NATURAL RESOURCES LLC	Phone: (719) 846-7898	Cement Bond Log		
Address: 1875 LAWRENCE ST STE 1150		Tracer Survey		
City: DENVER State: CO Zip: 80202 Email: tracy.dyke@enrllc.com		Temperature Survey		
API Number: 05-071-09218	ECMC Facility ID Number: 289717	Inspection Number		
Well/Facility Name: ANN M	Well/Facility Number: 32-30			
Location QtrQtr: SWNE Section: 30 Township: 33S Range: 65W Meridian: 6				

☒ 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)	Perforated Interval	Open Hole Interval
VRMJ	748-1029	

Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
2.875	740	740	<input type="checkbox"/>

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

Test Data (Use -1 for a vacuum)

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
01-09-2025	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
501	501	503	505	4

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: _____

Based on the information provided herein, this Notice (Form 21) complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

ATTACHMENT LIST

Att Doc Num

Name

404081736	FORM 21 ORIGINAL
404081737	PRESSURE CHART
404081738	PRESSURE CHART
404081739	OTHER

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)