

FORM 21 Rev 9/14

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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

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 a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be at minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressurees 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. OGCC notification must be provided 10 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.

Complete the Attachment Checklist

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

OGCC Operator Number: _____

Name of Operator: Evergreen Natural Resources Contact Name and Telephone: Tracy Dyke

Address: 1775 N. Sherman St No: _____

City: Denver State: CO Zip: 81082 Email: _____

API Number: 05-071-07454 OGCC Facility ID Number: _____

Well/Facility Name: Canadian Goose Well/Facility Number: 21-14

Location Qtr: NE NW Section: 14 Township: 34S Range: 66W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL

Test Type: Test to Maintain SI/TA status 5-year UIC

Verification of Repairs Annual UIC Test Reset Packer

Last MIT Date: _____

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test			Casing Test	
Injection/Producing Zone(s): <u>Vermejo</u>	Perforated Interval: <u>1264-1650</u>	Open Hole Interval: <u>1767</u>	Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
Tubing Casing/Annulus Test			Bridge Plug or Cement Plug Depth: _____	
Tubing Size: <u>2 7/8</u>	Tubing Depth: <u>1,676.65</u>	Top Packer Depth: <u>1222</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Date: <u>12-5-2025</u>	Well Status During Test: <u>SI</u>	Test Data		
Casing Pressure Start Test: <u>396.90 psi</u>	Casing Pressure - 5 Min.: <u>394.40 psi</u>	Casing Pressure Before Test: <u>OPSI</u>	Initial Tubing Pressure: <u>OPSI</u>	Final Tubing Pressure: <u>OPSI</u>
Casing Pressure - 10 Min.: <u>391.80</u>		Casing Pressure Final Test: <u>389.20 psi</u>	Pressure Loss or Gain During Test: <u>-7.7 psi</u>	
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OGCC Field Representative (Print Name): _____		

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

Print Name: Nathan Trujillo

Signed: [Signature] Title: Service Technician Date: 12-5-2025

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: _____ Date: _____