

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:

404462835

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: <u>10779</u>	Contact Name <u>Anita Sanford</u>	Pressure Chart		
Name of Operator: <u>SCOUT ENERGY MANAGEMENT LLC</u>	Phone: <u>(970) 5518313</u>	Cement Bond Log		
Address: <u>13800 MONTFORT DRIVE SUITE 100</u>		Tracer Survey		
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75240</u> Email: <u>anita.sanford@scoutep.com</u>		Temperature Survey		
API Number : 05- <u>103-07911</u>	ECMC Facility ID Number: <u>230252</u>	Inspection Number		
Well/Facility Name: <u>Rigby</u>	Well/Facility Number: <u>A4X</u>			
Location QtrQtr: <u>SESW</u> Section: <u>24</u> Township: <u>2N</u> Range: <u>103W</u> Meridian: <u>6</u>				

SHUT-IN PRODUCTION WELL  INJECTION WELL Last MIT Date: 4/24/2023 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: Convert well to injection

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		
<u>WEBR</u>	<u>5862-6506</u>			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
<u>2.875</u>	<u>6244</u>	<u>5484</u>	<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
<u>12-01-2025</u>	<u>SHUT-IN</u>	<u>2</u>	<u>0</u>	<u>0</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>2340</u>	<u>2330</u>	<u>2330</u>	<u>2330</u>	<u>-10</u>

Test Witnessed by State Representative?  ECMC Field Representative Popejoy, Dusty

OPERATOR COMMENTS:

Convert well to Injection  
Form 33 Doc # 404448597  
Form 5 Doc # 404448244  
Form 5A Doc # 404448465

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

Signed: \_\_\_\_\_ Print Name: Anita Sanford  
Title: Sr. Regulatory Analyst Email: anita.sanford@scoutep.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**

404462841

FORM 21 ORIGINAL

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)