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FORM 21 Rev 9/14

State of Colorado Oil and Gas Conservation Commission



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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.
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 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. 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

OGCC Operator Number: 17180
Name of Operator: Citation Oil & Gas Corp.
Address: 14077 Cutten Road
City: Houston State: TX Zip: 77069
API Number: 05-017-06841 OGCC Facility ID Number: 207906
Well/Facility Name: Frontera Unit 14-18 Well/Facility Number: 21
Location QtrQtr: SWSW Section: 18 Township: 15S Range: 42W Meridian: 6PM

Table with 2 columns: Oper, OGCC. Rows include Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

[X] SHUT-IN PRODUCTION WELL [ ] INJECTION WELL

Last MIT Date: 3/18/21

Test Type:

- [X] 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): Morrow
Perforated Interval: 5165-5172
Open Hole Interval: n/a
Bridge Plug or Cement Plug Depth: 5115

Tubing Casing/Annulus Test
Tubing Size: n/a Tubing Depth: n/a Top Packer Depth: n/a
Multiple Packers? [ ] Yes [X] No

Test Data
Date: 3/18/21 Well Status During Test: TA Casing Pressure Before Test: 0 PSI Initial Tubing Pressure: NA Final Tubing Pressure: NA
Casing Pressure Start Test: Casing Pressure - 5 Min: Casing Pressure - 10 Min: Casing Pressure Final Test: Pressure Loss or Gain During Test:

Test Witnessed by State Representative? [X] Yes [ ] No
OGCC Field Representative (Print Name): Brian Welsh

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

Print Name: Herschel Kennedy
Signed: [Signature] Title: Sr. Production Foreman Date: 3/18/21
OGCC Approval: Brian Welsh Title: Field Inspector Date: 3/18/21

Conditions of Approval, if any:

MIT Failed
Casing wouldn't load. Pumped 70bbbs with casing on a vac when unhooked

Form 42#: 404570905

Inspection Doc #: 715204170