



FORM
21
Rev. 8/99

State of Colorado Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

FOR OGCC USE ONLY

RECEIVED

AUG 09 2011

COGCC/Rifle Office

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A 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 a minimum of 300 psig.
4. For injection wells, test pressures must be at 300 psig or minimum injection pressure, whichever is greater.
5. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
6. Do not use this form if submitting under provisions of Rule 326 a. (1) B. or C.
7. OGCC notification must be provided prior to the test.
8. Packers or bridge plugs, etc., must be set within 250 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		

OGCC Operator Number: <u>100122</u>	Contact Name and Telephone <u>KEVIN SWISHER</u>
Name of Operator: <u>SUNNISON ENERGY CORP.</u>	No: <u>970-275-2425</u>
Address: <u>18380 H ROAD</u>	Fax: <u>970-874-3537</u>
City: <u>DEIRA</u> State: <u>CO</u> Zip: <u>81416</u>	
API Number: <u>05-051-41077</u> Well Name: <u>JACOBS TRUST</u> Field Number: <u>1290</u>	
Well Name: <u>JACOBS TRUST</u> Number: <u>1290 #6-32</u>	
Location (Qtr, Sec, Twp, Rng, Meridian): <u>SUNN SEC. 6-T12S-R90W</u>	

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL Facility No.: _____

Part I Pressure Test

- ☐ 5-Year UIC Test ☒ Test to Maintain SI/TA Status ☐ Reset Packer
☐ Verification of Repairs ☐ Tubing/Packer Leak ☐ Casing Leak ☐ Other (Describe) _____

Describe Repairs: NONE

NA - Not Applicable	Wellbore Data at Time Test		Casing Test <input type="checkbox"/> NA Use when perforations or open hole is isolated by bridge plug or cement plug Bridge Plug or Cement Plug Depth	
Injection/Producing Zone(s): <u>COZZETTE</u>	Perforated Interval: <input type="checkbox"/> NA <input checked="" type="checkbox"/> <u>4940-5132</u>	Open Hole Interval: <input checked="" type="checkbox"/> NA		
Tubing Casing/Annulus Test <input type="checkbox"/> NA				
Tubing Size: <u>2.875</u>	Tubing Depth: <u>4847</u>	Top Packer Depth: <u>4854</u>	Multiple Packers? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Test Data				
Test Date: <u>8-9-11</u>	Well Status During Test: <u>DEAD</u>	Date of Last Approved MIT: <u>N/A</u>	Casing Pressure Before Test: <u>0</u>	Initial Tubing Pressure: <u>0</u>
Starting Casing Test Pressure: <u>0</u>	Casing Pressure - 5 Min.: <u>420 PSI</u>	Casing Pressure - 10 Min.: <u>420 PSI</u>	Final Casing Test Pressure: <u>410 PSI</u>	Pressure Loss or Gain During Test: <u>10 PSI</u>
Test Witnessed by State Representative? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OGCC Field Representative: _____	

Part II Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

- ☐ Tracer Survey Run Date: _____ ☐ CBL or Equivalent Run Date: _____ ☐ Temperature Survey Run Date: _____

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

Print Name: COOY JACKSON

Signed: [Signature]

Title: Toolpusher

Date: 8-9-11

OGCC Approval: [Signature]

Title: NW Insp

Date: 8-9-11

Conditions of Approval, if any: