

FORM  
21  
Rev. 8/93

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2108



FOR OGCC USE ONLY

# State of Colorado Oil and Gas Conservation Commission

## MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested to 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 20A.1, (1) B. or C.
7. OGCC inspection must be presented prior to the test.
8. Position or bridge plugs, etc., must be set within 250 feet of the perforated interval to be considered a valid test.

Complete the  
Attachment Checklist

OGCC

OGCC Operator Number: <u>100841</u>		Certified Name and Telephone	
Name of Operator: <u>Pioneer Natural Resources</u>		<u>Stacy Glinisty</u>	
Address: <u>1401 17th Street Suite 800</u>		No: <u>303 625 2658</u>	
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>		Fax: <u>303 294 1235</u>	
API Number: <u>05-031-09084-0002</u> Field Name: <u>PURGETT/RIE RIVER</u> Well Number: <u>708330</u>		Well Name: <u>General Urea</u> Number: <u>11-28</u>	
Location (County, Sec. Twp, Range, Meridian): <u>Wadsworth 28 31S 66W</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: \_\_\_\_\_

NA - Not Applicable		Wellbore Data at Time Test		Casing Test <input type="checkbox"/> NA	
Injection (Producing Zone(s))	Performed Interval: <input type="checkbox"/> NA	Open Hole Interval: <input type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug. Bridge Plug or Cement Plug Depth: <u>800 RETAINER</u>		
Tubing Casing/Annulus Test <input checked="" type="checkbox"/> NA					
Tubing Size: <u>none</u>	Tubing Depth: <u>none</u>	Top Packer Depth: <u>none</u>	Multiple Packers? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>3-27-13</u>	<u>SI</u>	<u>—</u>	<u>0</u>	<u>—</u>	<u>—</u>
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
<u>520</u>	<u>520</u>	<u>520</u>	<u>520</u>	<u>0</u>	
Test Witnessed by State Representative? <input type="checkbox"/> YES <input checked="" 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 ☐ CBL or Equivalent ☐ Temperature Survey  
 Run Date: \_\_\_\_\_ Run Date: \_\_\_\_\_ 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: Vince Santistevan Title: Production Foreman Date: 3-27-13  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

OGCC Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditions of Approval, if any: \_\_\_\_\_