



02125006

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

**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: 16700		Contact Name and Telephone	
Name of Operator: Chevron USA Inc		Diane L Peterson	
Address: 100 Chevron Road		No: 970-675-3842	
City: Rangely State: CO Zip: 81648		Fax: 970-675-3800	
API Number: 05-103-08773		Field Name: Rangely Weber Sand Unit	
		Field Number: 72370	
Well Name: EMERALD		Number: 87X	
Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW Section 25, T2N, R103W, 6TH P.M.			

☒ **SHUT-IN PRODUCTION WELL**
☐ **INJECTION WELL**
 Facility No.: 150200
**Part I Pressure Test**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> 5-Year UIC Test         | <input checked="" type="checkbox"/> Test to Maintain SI/TA Status | <input type="checkbox"/> Reset Packer |
| <input type="checkbox"/> Verification of Repairs | <input type="checkbox"/> Tubing/Packer Leak                       | <input type="checkbox"/> Casing Leak  |
| <input type="checkbox"/> Other (Describe): _____ |   |                                       |

Describe Repairs: \_\_\_\_\_

NA - Not Applicable	<b>Wellbore Data at Time Test</b>		<b>Casing Test</b> <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)	Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA	
Weber Formation	5838-6502'		

<b>Tubing Casing/Annulus Test</b> <input type="checkbox"/> NA			
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
2 7/8"	5825	5787'	<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
1/28/2014	SHUT IN	2/13/2009			
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
350 350	350	350	350	-0	

Test Witnessed by State Representative?	OGCC Field Representative:
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	David Livingston

**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.

<input type="checkbox"/> Tracer Survey	<input type="checkbox"/> CBL or Equivalent	<input type="checkbox"/> 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: Diane L Peterson

Signed: Diane L Peterson Title: Regulatory Specialist Date: 1/28/14OGCC Approval: David Livingston Title: Field Inspector Date: 1-28-14

Conditions of Approval, if any: