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FORM
21
Rev 3/13State 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 a at minimum of 300 psig.
4. Injection well tests must be witnessed by an OGCC representative.
5. New injection wells must be tested to maximum requested injection pressure.
6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
8. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
9. OGCC notification must be provided 10 days prior to the test via Form 42.
10. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: 2800
Name of Operator: ANADARKO E&P ONSHORE LLC
Address: P.O. BOX 173779
City: DENVER State: CO Zip: 80217
API Number: 05-017-07780 Field Name: WILDCAT Field Number: 99999
Well Name: CABOOSE Number: 1548-21-44 SWD
Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE 21 15S 48W 6 PM

Contact Name and Telephone
JOHN RAGER
No: (720) 929-6449
Email: john.rager@anadarko.com

Complete the
Attachment Checklist

Oper OGCC

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Other Report 1		
Other Report 2		

☐ 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: INITIAL TEST PENDING INJECTION PERMIT

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input checked="" type="checkbox"/> NA	
Injection/Producing Zone(s)		Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug	
ARBK		5723-5783, 5812-5855		Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?		
3.50	5304	5290	<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
03/21/2014	SHUT IN	N/A	0	-30" VAC	-30" VAC
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
2500	2500	2500	2500	0	
Test Witnessed by State Representative?			OGCC Field Representative (Print Name):		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			CRAIG QUINT		

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: DON BIGLEY

Signed: Title: COMPLETION FOREMAN

Date: 03/21/2014

OGCC Approval: Title: SOUTH EAST AREA INSPECTOR

Date: 03/21/2014

Conditions of Approval, if any: