



FORM 21 Rev 3/13

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 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.

Complete the Attachment Checklist

OGCC Operator Number: 2800	Contact Name and Telephone JOHN RAGER	Oper	OGCC
Name of Operator: ANADARKO E&P ONSHORE LLC			
Address: P.O. BOX 173779	No: (720) 929-6449	Pressure Chart	
City: DENVER State: CO Zip: 80217	Email: john.rager@anadarko.com	Cement Bond Log	
API Number: 05-017-07780 Field Name: WILDCAT Field Number: 99999		Tracer Survey	
Well Name: CABOOSE Number: 1548-21-44 SWD		Temperature Survey	
Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE 21 15S 48W 6 PM		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) ARBK		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	
		5723-5783, 5812-5855		Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: 3.50	Tubing Depth: 5304	Top Packer Depth: 5290	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data					
Test Date 03/21/2014	Well Status During Test SHUT IN	Date of Last Approved MIT N/A	Casing Pressure Before Test 0	Initial Tubing Pressure -30" VAC	Final Tubing Pressure -30" VAC
Starting Casing Test Pressure 2500	Casing Pressure - 5 Min. 2500	Casing Pressure - 10 Min. 2500	Final Casing Pressure 2500	Pressure Loss or Gain During Test 0	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): 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.

<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: 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: