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FOR OGCC USE ONLY

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

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. 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: 16700	Contact Name and Telephone Diane L Peterson	<table border="1"><thead><tr><th></th><th>Oper</th><th>OGCC</th></tr></thead><tbody><tr><td>Pressure Chart</td><td>✓</td><td></td></tr><tr><td>Cement Bond Log</td><td></td><td></td></tr><tr><td>Tracer Survey</td><td></td><td></td></tr><tr><td>Temperature Survey</td><td></td><td></td></tr><tr><td>Other Report 1</td><td></td><td></td></tr><tr><td>Other Report 2</td><td></td><td></td></tr></tbody></table>		Oper	OGCC	Pressure Chart	✓		Cement Bond Log			Tracer Survey			Temperature Survey			Other Report 1			Other Report 2		
	Oper		OGCC																				
Pressure Chart	✓																						
Cement Bond Log																							
Tracer Survey																							
Temperature Survey																							
Other Report 1																							
Other Report 2																							
Name of Operator: Chevron U.S.A. Inc.	No: (970) 675-3842																						
Address: 100 Chevron Road	Email: dlpe@chevron.com																						
City: Rangely State: CO Zip: 81648																							
API Number: 05-103-07416 Field Name: Rangely Weber Sand Unit Field Number: 72370																							
Well Name: UNION PACIFIC Number: 74X27																							
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW Section 27, T2N, R102W, 6TH P.M.																							

☒ SHUT-IN PRODUCTION WELL

☒ INJECTION WELL

Facility No.: 150200

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: WELL WAS SHUT IN 12/2/2012

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input 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		
Weber Formation	5893-6488'		Bridge Plug or Cement Plug Depth		
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: 2 7/8"	Tubing Depth: 5507.19'	Top Packer Depth: 5470.3'	Multiple Packers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Data					
Test Date 4/27/14	Well Status During Test Shut-in	Date of Last Approved MIT N/A	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
Starting Casing Test Pressure 350	Casing Pressure - 5 Min.	Casing Pressure - 10 Min. 350	Final Casing Pressure 350	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): David Covington		

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: 4/25/14

OGCC Approval: [Signature] Title: Field Inspector

Date: 4/25/14

Conditions of Approval, if any: