



01522086

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FORM
21
Rev 3/13State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 803, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2109

MECHANICAL INTEGRITY TEST

1. Print Part 1 of this form if well tested is a permitted or pending injection well. Send original plus one copy.
- Duration of the pressure test must be a minimum of 15 minutes.
 - A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
 - For production wells, test pressures must be at a minimum of 100 psi.
 - Injection well tests must be witnessed by an OGCC representative.
 - New injection wells must be tested to maximum requested injection pressure.
 - For injection wells, test pressures must be at least 100 psi or average injection pressure, whichever is greater.
 - A minimum 100 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
 - Do not use this form if submitting under provisions of Rule 436a (1)(b) or c.
 - OGCC notification must be provided 10 days prior to the test via Form 42.
 - Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

FOR OGCC USE ONLY

Complete the
Attachment Checklist

OGCC Operator Number: 95620	Contact Name and Telephone: D. Scott Stapp	<table border="1"> <thead> <tr> <th></th> <th>OGCC</th> </tr> </thead> <tbody> <tr> <td>Pressure Chart</td> <td></td> </tr> <tr> <td>Cement Bond Log</td> <td></td> </tr> <tr> <td>Tracer Survey</td> <td></td> </tr> <tr> <td>Temperature Survey</td> <td></td> </tr> <tr> <td>Other Report 1</td> <td></td> </tr> <tr> <td>Other Report 2</td> <td></td> </tr> </tbody> </table>		OGCC	Pressure Chart		Cement Bond Log		Tracer Survey		Temperature Survey		Other Report 1		Other Report 2	
	OGCC															
Pressure Chart																
Cement Bond Log																
Tracer Survey																
Temperature Survey																
Other Report 1																
Other Report 2																
Name of Operator: Western Operating Company	No: (303) 693-2432															
Address: 518 17th Street, Suite 200	Email: scott@westernoperating.com															
City: Denver State: CO Zip: 80202																
API Number: 05-121-06839 Field Name: Bobcat Field Number: 7045																
Well Name: Bobcat D Sand Unit Number: 4																
Location (QGRS, Sec, Twp, Rng, Meridian): NESE Sec 4-1S-56W																

☒ SHUT-IN PRODUCTION WELL☐ INJECTION WELL

Facility No.:

Part I. Pressure Test

- ☐ 5-Year LIC Test
☐ Verification of Repairs
☒ Test to Maintain SI/TA Status
☐ Tubing/Packer Leak
☐ Reset Packer
☐ Casing Leak
☐ Other (Describe):

Describe Repairs:

NA Not Applicable	Wellbore Data at Time of Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s): D Sand	Perforated Interval: 5138-5160	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug. Bridge Plug or Cement Plug Depth: 5095	
Tubing Casing/Annulus Test			<input type="checkbox"/> NA	
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Test Data				
Test Date: 4/29/14	Well Status: TA	Date of Last Approved MIT: 8/21/09	Casing Pressure Before Test: 0	Initial Tubing Pressure: NA
Starting Casing Test Pressure: 375	Casing Pressure - 5 Min: 380	Tubing Pressure - 10 Min: 380	Final Casing Pressure: 380	Final Tubing Pressure: NA
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): Susan Sherman	

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: D. Scott Stapp

Signed: *[Signature]*

Title: Agent

Date: 03/26/2014

Susan Sherman Field Inspector 4/29/14