



01522088

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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 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: 10489A	Contact Name and Telephone	Oper	OGCC
Name of Operator: Augustus Energy Resources LLC	Loni J. Davis	Pressure Chart	<input checked="" type="checkbox"/>
Address: P. o. Box 250	No: (970) 332-3585	Cement Bond Log	<input type="checkbox"/>
City: Wray, State: CO Zip: 80758	Email: ldavis@augustusenergy.com	Tracer Survey	<input type="checkbox"/>
API Number: 05-125-08784 Field Name: Schramm Field Number: 76825		Temperature Survey	<input type="checkbox"/>
Well Name: Stallings Water Disposal Well Number: 6-12		Other Report 1	<input type="checkbox"/>
Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE/4, Sec/ 12-T1N-R47W, 8th PM		Other Report 2	<input type="checkbox"/>

☐ SHUT-IN PRODUCTION WELL☒ INJECTION WELL

Facility No.: 159108

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:

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
MRSN	4308-4364	Bridge Plug or Cement Plug Depth
Tubing Casing/Annulus Test <input type="checkbox"/> NA		
Tubing Size: 2-7/8"	Tubing Depth: 4239	Top Packer Depth: 4245
Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data		
Test Date: 05/07/2014	Well Status During Test: IJ	Date of Last Approved MIT: 06/11/2009
Starting Casing Pressure: 842	Casing Pressure - 5 Min: 844	Casing Pressure - 10 Min: 844
Final Casing Pressure: 848		Pressure Loss or Gain During Test: 6
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: Greg Jones

Signed:

Title: Production Foreman

Date: 05/07/2014

OGCC Approval:

Title: Field Inspector

Date: 5/7/14

Conditions of Approval, if any: