



01522089

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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 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: <u>22755</u>		Contact Name and Telephone <u>Ruben Markarian</u>		Oper	OGCC
Name of Operator: <u>Edward Mike Davis</u>		No: <u>(720) 420-5719</u>		Pressure Chart	
Address: <u>730 17th Street, Suite 450</u>		Email: <u>ruben.markarian@IPTEnergyServices.com</u>		Cement Bond Log	
City: <u>Denver</u>	State: <u>CO</u>	Zip: <u>80202</u>		Tracer Survey	
API Number: <u>05-121-10682</u>		Field Name: <u>Spotted Dog</u>	Field Number: <u>77905</u>	Temperature Survey	
Well Name: <u>Young</u>		Number: <u>14-1</u>		Other Report 1	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSW Sec. 1 T3S R50W 6th PM</u>				Other Report 2	

☐ SHUT-IN PRODUCTION WELL
 ☒ INJECTION WELL
Facility No.: 317359

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: Conversion to Injection

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input checked="" type="checkbox"/> NA	
Injection/Producing Zone(s) JSND		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	
		3826'-3836'		Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: 2 3/8'	Tubing Depth: 3787'	Top Packer Depth: 3787'	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data					
Test Date 5/9/14	Well Status During Test SI	Date of Last Approved MIT N/A	Casing Pressure Before Test 0	Initial Tubing Pressure 0	Final Tubing Pressure 0
Starting Casing Test Pressure 393	Casing Pressure - 5 Min. 370	Casing Pressure - 10 Min. 358	Final Casing Pressure 358	Pressure Loss or Gain During Test -37	
Test Witnessed by State Representative? <input checked="" type="checkbox"/>			OGCC Field Representative (Print Name): <u>Susan Sherman</u>		

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: Ramon C. BivensSigned: Ramon C. BivensTitle: Wellbore Integrity SupervisorDate: 5-9-14OGCC Approval: Susan ShermanTitle: Field InspectorDate: 5/9/14

Conditions of Approval, if any: