

From: timcrumley@comcast.net  
Subject: Fwd: Form 21 (MIT Field witness form) - Wright 1-D  
Date: June 6, 2014 at 8:00 AM  
To:



01522096

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FORM  
21  
Rev 3/13

State of Colorado  
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80202-1131 Tel: (303) 439-2100

MECHANICAL INTEGRITY TEST

Fill out part of this form if well is to be permitted or pending injection well. Form is good plus one copy.

1. Duration of the test, unless otherwise specified, must be a minimum of 10 minutes.
2. A pressure chart must accompany this report. The test was not witnessed by a OGCC representative.
3. For production well, test pressures must be at least 100 psi above the shut-in pressure.
4. For injection well, test pressures must be at least 100 psi above the shut-in pressure.
5. Test pressure must be maintained for a minimum of 10 minutes.
6. For injection well, test pressure must be at least 100 psi above the shut-in pressure.
7. A minimum of 100 psi differential pressure must be maintained between the tubing and casing during the test.
8. For production well, test pressures must be at least 100 psi above the shut-in pressure.
9. OGCC representative must be available to witness the test.
10. Test pressure must be maintained for a minimum of 10 minutes.

FOR OGCC USE ONLY

Complete the  
Attachment Checklist

OGCC Operator Number: 04400	Contact Name and Telephone: Dan Richmond	Date: 06/06
Name of Operator: PACCO LLC	Address: P.O. Box 5276	City: Beverly Hills State: CA Zip: 90209
API Number: 05-121-06825	Well Name: Wright	Well Number: NA
Well Type: Injection	Well Status: 22-2S-50W	Well Depth: 4755-4760

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Facility No.:

Part I. Pressure Test

☐ 5 Year UIC Test

☐ Test to Maintain S/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 checked="" type="checkbox"/> NA
Impervious/Impervious Area(s): J Sand	Perforated Interval: <input type="checkbox"/> NA Other Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is sealed by bridge plug or cement plug
4755-4760		Bridge Plug or Cement Plug Depth:
Tubing Casing/Annulus Test <input type="checkbox"/> NA		
Tubing Size: 2 3/8	Tubing Depth: 4713	Tubing Packer Depth: 4713
Valve Position: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Test Data		
Test Date: 6/12/14	Well Status: SI	Date of Last Approved MIT: 6/12/14
Shut-In Pressure: 350	Casing Pressure: 350	Casing Pressure: 350
Tested 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 if not previously submitted.

☐ Tracer Survey

☐ CES or equivalent

☐ Immaturity 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: Dan Richmond

Signed: *[Signature]*

Title: Field Operations Supervisor

Date: 06/06/2014

OGCC Approval: *[Signature]*

Title: Field Inspector

Date: 6/12/14

Conditions of Approval, if any: