

FORM

21

Rev 08/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

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Date Received:

11/22/2014

MECHANICAL INTEGRITY TEST

- 1. Duration of the pressure test must be a minimum of 15 minutes.
2. An original pressure chart must accompany this report if this test was not witnessed by an OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
6. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
7. Do not use this form if submitting under provisions of Rule 326.a(1)B. or C.
8. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
9. 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

OP OGCC

OGCC Operator Number: 88370 Contact Name TODD PIVONKA
Name of Operator: TIMKA RESOURCES LTD Phone: ()
Address: 2116 EAST HIGHWAY 402
City: LOVELAND State: CO Zip: 80537 Email:
API Number: 05-075-06172 OGCC Facility ID Number: 219318
Well/Facility Name: LIBERTY Well/Facility Number: 2
Location QtrQtr: L6NE Section: 5 Township: 8N Range: 54W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:
Test Type:
Test to Maintain SI/TA status 5-Year UIC Reset Packer
Verification of Repairs Annual UIC TEST
Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test Injection Producing Zone(s) JSND Perforated Interval 5289-5295 Open Hole Interval NA
Casing Test Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.
Bridge Plug or Cement Plug Depth

Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure. Row 1: 11-19-2014, INJECTING, 0, 400, 400.

Test Witnessed by State Representative? OGCC Field Representative Schure, Kym
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Y Print Name: PIVONKA
Title: PIVONKA Email: Date:

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.
COGCC Approved: #Error Date: 11/22/2014

CONDITIONS OF APPROVAL, IF ANY:

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)