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FORM 21 Rev 3/13

State 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 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: 10110 Contact Name and Telephone: Ty Woodworth
Name of Operator: Great Western No: 970 274 9254
Address: 2005 Howard Smith Ave. East City: Windsor State: CO Zip: 80550 Email: Twoodworth@gwogco.com
API Number: OS-123-36595 Field Name: Wattenberg Field Number: 90750
Well Name: Land Number: 31-20D
Location (QtrQtr, Sec, Twp, Rng, Meridian): Sec 31 T2N R64W

Attachment Checklist table with columns: Oper, OGCC, Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Other Report 1, Other Report 2

SHUT-IN PRODUCTION WELL INJECTION WELL Facility No.:

Part I. Pressure Test

- 5-Year UIC Test Verification of Repairs Test to Maintain SI/TA Status Tubing/Packer Leak Casing Leak Reset Packer Other (Describe): Never Completed

Describe Repairs:

Wellbore Data at Time of Test, Casing Test, Tubing Casing/Annulus Test, Test Data, Test Witnessed by State Representative? OGCC Field Representative (Print Name): Craig Carlile

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 Run Date: CBL or Equivalent Run Date: Temperature Survey 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: Michael Lindsey Inspection # 674 0023 29
Signed: [Signature] Title: Completion Consultant Date: 5/27/15
OGCC Approval: [Signature] Title: Field Inspector Date: 5-27-15
Conditions of Approval, if any: