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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: 46290	Contact Name and Telephone	Oper	OGCC
Name of Operator: K.P. Kauffman Co INC	Susana Lara-Mesa	Pressure Chart	
Address: 1675 Broadway, Suite 2800	No: (303) 825-4822	Cement Bond Log	
City: Denver State: CO Zip: 80202	Email: slaramesa@kpk.com	Tracer Survey	
API Number: # 05-123-10582 Field Name: HAMBERT Field Number: # 33530		Temperature Survey	
Well Name: MUSICK-McCLINTOCK Number: # 6		Other Report 1	
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW 32 4N 65W 6 PM		Other Report 2	

☐ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Facility No.: _____

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		
SUSSEX	4611-4627		Bridge Plug or Cement Plug Depth		
			CIBP @ 4538'		
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: 2 3/8	Tubing Depth: 0'	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data					
Test Date: 06/02/2015	Well Status During Test: shut in.	Date of Last Approved MIT: 6/3/2010	Casing Pressure Before Test: 0	Initial Tubing Pressure: 0	Final Tubing Pressure: 0
Starting Casing Test Pressure: 410 PSI	Casing Pressure - 5 Min.: 410 PSI	Casing Pressure - 10 Min.: 410 PSI	Final Casing Pressure: 410 PSI	Pressure Loss or Gain During Test: 0 PSI	
Test Witnessed by State Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			OGCC Field Representative (Print Name): _____		

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: PAUL ANDERSON

Signed: Paul Anderson Title: Workover Supervisor Date: 06/02/2015

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: _____

