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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

FORM  
21  
Rev 3/13

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 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

Oper OGCC

OGCC Operator Number: 10172	Contact Name and Telephone DALE LONG
Name of Operator: BOPCO, L.P.	
Address: P.O. Box 237	No: (970) 220-2236
City: Dinosaur State: CO Zip: 81610	Email: DLONG@BASSPET.COM
API Number: 05-103-11200 Field Name: YELLOW CREEK	Field Number: 97955
Well Name: YELLOW CREEK FEDERAL 32-12-01 Number: 316666	
Location (Qtrdtr, Sec, Twp, Rng, Meridian): SWNW, 32, 1N, 98W, 6	
<input checked="" type="checkbox"/> SHUT-IN PRODUCTION WELL <input type="checkbox"/> INJECTION WELL	Facility No.: 294599
Pressure Chart <input checked="" type="checkbox"/> <input type="checkbox"/>	
Cement Bond Log <input type="checkbox"/>	
Tracer Survey <input type="checkbox"/>	
Temperature Survey <input type="checkbox"/>	
Other Report 1 <input type="checkbox"/>	
Other Report 2 <input type="checkbox"/>	

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 checked="" 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
NA		Bridge Plug or Cement Plug Depth 3404

Tubing Size:	Tubing Depth:	Top Packer Depth:	<input checked="" type="checkbox"/> NA
		Multiple Packers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Test Data				
Test Date 6/25/15	Well Status During Test	Date of Last Approved MIT 6/29/2010	Casing Pressure Before Test 400psi	Initial Tubing Pressure NA
Starting Casing Test Pressure 360psi	Casing Pressure - 5 Min. 360psi	Casing Pressure - 10 Min. 360psi	Final Casing Pressure 360psi	Pressure Loss or Gain During Test 0
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
OGCC Field Representative (Print Name): KYLE GRANTHAN				

Part II. Wellbore Channel Test

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:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name:

Signed:

Title:

Date:

OGCC Approval:

Title:

Date:

Conditions of Approval, if any:

DALE LONG  
KYLE GRANTHAN  
IWS, # 675101556