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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 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

Oper OGCC

OGCC Operator Number: 10172		Contact Name and Telephone	
Name of Operator: BOPCO, L.P.		DALE LONG	
Address: P.O. Box 237		No: (970) 220-2236	
City: Dinosaur		Email: DLONG@BASSPET.COM	
State: CO		Zip: 81610	
API Number: 05-103-11142		Field Name: YELLOW CREEK	
Well Name: YELLOW CREEK FEDERAL 03-11-3447		Number: 335726	
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW, 3, 1S, 98W, 6		Field Number: 97955	
<input checked="" type="checkbox"/> SHUT-IN PRODUCTION WELL		<input type="checkbox"/> INJECTION WELL	
Part I. Pressure Test		Facility No.: 293768	
<input type="checkbox"/> 5-Year UIC Test		<input checked="" type="checkbox"/> Test to Maintain SI/TA Status	
<input type="checkbox"/> Verification of Repairs		<input type="checkbox"/> Reset Packer	
		<input type="checkbox"/> Tubing/Packer Leak	
		<input type="checkbox"/> Casing Leak	
		<input type="checkbox"/> Other (Describe):	

Pressure Chart	<input checked="" type="checkbox"/>	
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Other Report 1		
Other Report 2		

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
NA		Use when perforations or open hole is isolated by bridge plug or cement plug
		Bridge Plug or Cement Plug Depth
		3580

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

Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
6/25/15		6/28/2010	30 PSI	NA	NA
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
362 PSI	362 PSI	362 PSI	362 PSI	0	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
OGCC Field Representative (Print Name): Kyle Granahan					

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:

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

Print Name: Dale Long	Title: Production Manager
Signed:	Date: 6-25-15
OGCC Approval:	Title: UIC FT
Conditions of Approval, if any: Kyle Granahan	Date: 6-25-15

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