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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

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: 05-103-11141 Field Name: YELLOW CREEK	Field Number: 97955
Well Name: YELLOW CREEK FEDERAL 03-1-0342 Number: 335726	
Location (Otr/Otr, Sec, Twp, Rng, Meridian): NWNW, 3, 1S, 98W, 6	
Pressure Chart	
Cement Bond Log	
Trace Survey	
Temperature Survey	
Other Report 1	
Other Report 2	

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL

Facility No.: 293767

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 Use when perforations or open hole is isolated by bridge plug or cement plug
Injection/Producing Zone(s)	Perforated Interval: <input checked="" type="checkbox"/> NA Open Hole Interval: <input checked="" type="checkbox"/> NA	Bridge Plug or Cement Plug Depth 1510
NA		

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
6-25-15		12/8/2010			
Starting Casing Test Pressure 360 PSI	Casing Pressure - 5 Min. 360 PSI	Casing Pressure - 10 Min. 360 PSI	Final Casing Pressure 360 PSI	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 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:	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

Signed:

DALE LONG

Title:

Production Engineer

Date:

6-25-15

OGCC Approval:

Kyle Granahan

Title:

COGCC NVFT

Date:

6-25-15

Conditions of Approval, if any:

4th Granahan

675 101 559