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FORM 21 Rev 9/14

State of Colorado Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

Document Number:

Date Received:

MECHANICAL INTEGRITY TEST

- 1. Duration of the pressure test must be a minimum of 15 minutes
2. An original 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. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater
6. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
7. Do not use this form if submitting under provisions of Rule 326 a (1) B or C.
8. OGCC notification must be provided 10 days prior to the test via Form 42.
9. 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

Attachment Checklist table with columns for Oper and OGCC, and rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, and Inspection Number.

OGCC Operator Number, Contact Name and Telephone, Name of Operator, Address, City, State, Zip, API Number, OGCC Facility ID Number, Well/Facility Name, Well/Facility Number, Location Qtr, Section, Township, Range, Meridian.

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: N/A

- Test Type: Test to Maintain SI/TA status, Verification of Repairs, 5-year UIC, Annual UIC Test, Reset Packer.

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test, Tubing Casing/Annulus Test, Casing Test, Test Data table with various pressure and status fields.

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

Print Name: JEFF KEPHART Signed: Jeff Kephart Title: WORKOVER FOREMAN Date: 10-23-15

OGCC Approval: Title: Date:

Conditions of Approval, if any: