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FORM
21
Rev 9/14

State of Colorado
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

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. Injection wells tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be a at 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.

OGCC Operator Number: 10203 Contact Name and Telephone
Name of Operator: BLACKRAVEN ENERGY BILLY HATAWAY
Address: 165 S UNION BLVD SUITE 410 No: (307) 752-5490
City: LAKEWOOD State: CO Zip: 80228 Email: bhataway@enerjexresources

API Number: 15-047-05502 OGCC Facility ID Number: _____
Well/Facility Name: ADU Glenn Biddle Well/Facility Number: B-13
Location QtrQtr: SESE Section: 31 Township: 2 Range: 57 Meridian: 6pm

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Last MIT Date: unknown

Test Type:

☒ Test to Maintain SI/TA status

☐ 5-year UIC

☐ Reset Packer

☐ Verification of Repairs

☐ Annual UIC Test

Describe Repairs or Other Well Activities: _____

FOR OGCC USE ONLY

Document Number: _____

Date Received: _____

Complete the
Attachment Checklist

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

Wellbore Data at Time of Test

Injection/Producing Zone(s) j-sand Perforated Interval: 5586-5628 Open Hole Interval: _____

Casing Test

Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.

Bridge Plug or Cement Plug Depth

5537

Tubing Casing/Annulus Test

Tubing Size: _____ Tubing Depth: _____ Top Packer Depth: _____ Multiple Packers? ☐ Yes ☐ No

Test Data

Test Date <u>11-28-15</u>	Well Status During Test <u>31</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure	Final Tubing Pressure
Casing Pressure Start Test <u>345</u>	Casing Pressure - 5 Min. <u>345</u>	Casing Pressure - 10 Min. <u>345</u>	Casing Pressure Final Test <u>345</u>	Pressure Loss or Gain During Test <u>0</u>

Test Witnessed by State Representative?

☐ Yes

☒ No

OGCC Field Representative (Print Name): _____

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

Print Name: BILLY HATAWAY

Signed: Billy Hataway Title: DIR FIELD OPERATIONS

Date: 11-28-15

OGCC Approval: _____ Title: _____

Date: _____

Conditions of Approval, if any: _____