

067-06834

Click here to reset the form

FORM 21 Rev 9/14

State of Colorado Oil and Gas Conservation Commission



FOR OGCC USE ONLY

LAUNCHER NUMBER

RECEIVED

Date Received: JAN 04 2016

COGCC

Complete the Attachment Checklist

Oper OGCC

- 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 926.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: 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:

Table with 3 columns and 5 rows: Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: Test Type: [X] Test to Maintain SI/TA status [] 5-year UIC [] Reset Packer [] Verification of Repairs [] Annual UIC Test

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test Injection/Producing Zone(s) Perforated Interval: 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

Tubing Casing/Annulus Test Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers? [] Yes [X] No

Test Data Table with columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure, Casing Pressure Start Test, Casing Pressure - 5 Min, Casing Pressure - 10 Min, Casing Pressure Final Test, Pressure Loss or Gain During Test

Test Witnessed by State Representative? [X] Yes [] No OGCC Field Representative (Print Name): STEVE LABALSKIE

INSPECTION DOC # 607100777

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: