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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

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 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.

Complete the Attachment Checklist

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

OGCC Operator Number: 66571
Name of Operator: OXY USA WTP LP
Address: 760 Horizon Drive, Suite 101
City: Grand Junction State: CO Zip: 81506
API Number: 05-045-20024 OGCC Facility ID Number:
Well/Facility Name: Cascade Creek Well/Facility Number: 697-09-10A
Location Qtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6 PM

- SHUT-IN PRODUCTION WELL [checked] INJECTION WELL [ ]
Test Type:
[checked] 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: WMFK/CMEO 7226' - 9065'
Tubing Casing/Annulus Test: Tubing Size: 2 3/8" Tubing Depth: 8738
Test Data: Test Date: 2/22/16 Well Status During Test: TA Casing Pressure Before Test: 360 Initial Tubing Pressure: n/a Final Tubing Pressure: n/a

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

Print Name: Jeremy A. Sh...
Signed: [Signature] Title: Well Supervisor Date: 2-22-2016
OGCC Approval: Title: Date: