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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:

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Date Received:
MAY 09 2016

COGCC

Complete the
Attachment Checklist

Oper OGCC

| | | |
|--------------------|--|--|
| Pressure Chart | | |
| Cement Bond Log | | |
| Tracer Survey | | |
| Temperature Survey | | |
| Inspection Number | | |

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 an OGCC representative. Injection wells tests must be witnessed by an 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.

| | |
|--|---|
| OGCC Operator Number: <u>10272</u> | Contact Name and Telephone <u>Tom Roelfs</u> |
| Name of Operator: <u>Weyerman* Ralph & Beverly</u> | No: <u>(970) 324-1686</u> |
| Address: <u>PO Box 36</u> | Email: <u>tr_services@yahoo.com</u> |
| City: <u>Idalia</u> State: <u>CO</u> Zip: <u>80735</u> | |
| API Number: <u>05-125-07070</u> OGCC Facility ID Number: _____ | |
| Well/Facility Name: <u>Weyerman</u> Well/Facility Number: <u>14-7</u> | |
| Location QtrQtr: <u>SESW</u> Section: <u>7</u> Township: <u>5S</u> Range: <u>43W</u> Meridian: <u>6 pm</u> | |

☒ SHUT-IN PRODUCTION WELL

☐ INJECTION WELL

Last MIT Date: _____

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: _____

| | | | | |
|--|--|---|--|---|
| Wellbore Data at Time of Test | | | Casing Test | |
| Injection/Producing Zone(s) | Perforated Interval: | Open Hole Interval: | Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth. | |
| <u>NIOBRARA</u> | <u>1482-1502</u> | | Bridge Plug or Cement Plug Depth | |
| Tubing Casing/Annulus Test | | | | |
| Tubing Size: <u>N/A</u> | Tubing Depth: | Top Packer Depth: | Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Data | | | | |
| Test Date <u>04/28/2016</u> | Well Status During Test <u>SI</u> | Casing Pressure Before Test <u>0</u> | Initial Tubing Pressure <u>N/A</u> | Final Tubing Pressure <u>N/A</u> |
| Casing Pressure Start Test <u>370 PSI</u> | Casing Pressure - 5 Min. <u>370 PSI</u> | Casing Pressure - 10 Min. <u>370 PSI</u> | Casing Pressure Final Test <u>370 PSI</u> | Pressure Loss or Gain During Test <u>0 PSI</u> |
| Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | OGCC Field Representative (Print Name): <u>Brian Welsh</u> | | |

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

Print Name: Tom Roelfs

Signed: _____

Title: Foreman

Date: 04/28/2016

OGCC Approval: Brian Welsh

Title: Field Inspector

Date: 4/28/16

Conditions of Approval, if any:

Form 42 # 401036475
Insp Doc # 679901474