

Click here to reset the form

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. 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.

Complete the
Attachment Checklist

OGCC Operator Number: 10110	Contact Name and Telephone: Laura Harter	<table border="1"><thead><tr><th></th><th>Oper</th><th>OGCC</th></tr></thead><tbody><tr><td>Pressure Chart</td><td></td><td></td></tr><tr><td>Cement Bond Log</td><td></td><td></td></tr><tr><td>Tracer Survey</td><td></td><td></td></tr><tr><td>Temperature Survey</td><td></td><td></td></tr><tr><td>Inspection Number</td><td></td><td></td></tr></tbody></table>		Oper	OGCC	Pressure Chart			Cement Bond Log			Tracer Survey			Temperature Survey			Inspection Number		
	Oper		OGCC																	
Pressure Chart																				
Cement Bond Log																				
Tracer Survey																				
Temperature Survey																				
Inspection Number																				
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC	No: (970) 460-1457																			
Address: 1801 Broadway #500	Email: lharter@gwogco.com																			
City: Denver State: CO Zip: 80202																				
API Number: 123-38934 OGCC Facility ID Number: _____																				
Well/Facility Name: Schmunk EF 31-369HN	Well/Facility Number: _____																			
Location QtrQtr: NWNE Section: 31 Township: 7N Range: 65W Meridian: 6																				

☐ 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: Test on 9 5/8" surface set.

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
1,010

Wellbore Data at Time of Test

Injection/Producing Zone(s) NA	Perforated Interval: NA	Open Hole Interval: NA
-----------------------------------	----------------------------	---------------------------

Tubing Casing/Annulus Test

Tubing Size: NA	Tubing Depth: NA	Top Packer Depth: NA	Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---------------------	-------------------------	---

Test Data

Test Date 08/04/2016	Well Status During Test DG	Casing Pressure Before Test 0	Initial Tubing Pressure NA	Final Tubing Pressure NA
Casing Pressure Start Test 421	Casing Pressure - 5 Min. 420	Casing Pressure - 10 Min. 419	Casing Pressure Final Test 418	Pressure Loss or Gain During Test -3

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: Ty Woodworth

Signed: Ty Woodworth Title: Prod Eng Lead

Date: 8/11/16

OGCC Approval: _____ Title: _____

Date: _____

Conditions of Approval, if any: