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FORM 21 Rev 9/14

State of Colorado Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

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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

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

OGCC Operator Number: 17320
Name of Operator: City & County of Denver
Address: 14981 Clinton St
City: Brighton State: CO Zip: 80602
API Number: 05-031-06405
Well/Facility Name: Kallsen Well/Facility Number: 4
Location QtrQtr: SWNW Section: 18 Township: 2 South Range: 65 West Meridian: 6

SHUT-IN PRODUCTION WELL [checked] INJECTION WELL [unchecked] Last MIT Date: 08/11/2011

Test Type: [checked] Test to Maintain SI/TA status [unchecked] 5-year UIC [unchecked] Reset Packer [unchecked]
[checked] Verification of Repairs [checked] Annual UIC Test [unchecked]

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test
Injection/Producing Zone(s): J Sand
Perforated Interval: 8,244-8,260
Open Hole Interval:
Casing Test: Bridge Plug or Cement Plug Depth: 8,190

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

Test Data
Test Date: 8/5/2016
Well Status During Test: SI
Casing Pressure Before Test: Casing Pressure Start Test: 505#
Casing Pressure - 5 Min.: Casing Pressure - 10 Min.: Casing Pressure Final Test: 505#
Pressure Loss or Gain During Test:
Test Witnessed by State Representative? [checked] Yes [unchecked] No
OGCC Field Representative (Print Name): J.A. Montoya

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

Print Name: Julie M Branting
Signed: Julie M Branting Title: Agent Date: 8-5-16
OGCC Approval: Title: Date:

Conditions of Approval, if any: