

**FORM 21**  
Rev 08/14

**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:  
401103917  
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 an OGCC representative.
- Injection well 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. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
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

OP OGCC

OGCC Operator Number: 10084 Contact Name Julie Webb  
 Name of Operator: PIONEER NATURAL RESOURCES USA INC Phone: (720) 359-1555  
 Address: 5205 N O'CONNOR BLVD STE 200  
 City: IRVING State: TX Zip: 75039 Email: julie.webb@pxd.com

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

API Number : 05- 071-07882 OGCC Facility ID Number: 268486  
 Well/Facility Name: PALLET RANCH Well/Facility Number: 34-25  
 Location QtrQtr: SWSE Section: 25 Township: 32S Range: 66W 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: \_\_\_\_\_

| Wellbore Data at Time of Test |                     |                    |                          |
|-------------------------------|---------------------|--------------------|--------------------------|
| Injection Producing Zone(s)   | Perforated Interval | Open Hole Interval |                          |
| VRMJ                          | 1705-1941           |                    |                          |
| Tubing Casing/Annulus Test    |                     |                    |                          |
| Tubing Size:                  | Tubing Depth:       | Top Packer Depth:  | Multiple Packers?        |
|                               |                     |                    | <input type="checkbox"/> |

**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  
1670

**Test Data (Use -1 for a vacuum)**

| Test Date                  | Well Status During Test  | Casing Pressure Before Test | Initial Tubing Pressure    | Final Tubing Pressure |
|----------------------------|--------------------------|-----------------------------|----------------------------|-----------------------|
| 08-12-2016                 | TEMPORARILY ABANDONED    | 0                           |                            |                       |
| Casing Pressure Start Test | Casing Pressure - 5 Min. | Casing Pressure - 10 Min.   | Casing Pressure Final Test | Pressure Loss or Gain |
| 323                        | 320                      | 320                         | 320                        | -3                    |

Test Witnessed by State Representative?  OGCC Field Representative \_\_\_\_\_  
 I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
 Signed: \_\_\_\_\_ Print Name: Julie Webb  
 Title: Regulatory Analyst Email: julie.webb@pxd.com Date: \_\_\_\_\_

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.  
 COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

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**Attachment Check List**

| <u>Att Doc Num</u>             | <u>Name</u>      |                     |
|--------------------------------|------------------|---------------------|
| 401103918                      | FORM 21 ORIGINAL |                     |
| 401103919                      | PRESSURE CHART   |                     |
| Total Attach: 2 Files          |                  |                     |
| <b><u>General Comments</u></b> |                  |                     |
| <u>User Group</u>              | <u>Comment</u>   | <u>Comment Date</u> |
|                                |                  |                     |
| Total: 0 comment(s)            |                  |                     |