

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:
401123282
Date Received:
10/04/2016

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.
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: <u>10112</u>	Contact Name: <u>Caitlin O'Hair</u>	
Name of Operator: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Phone: <u>(918) 526-5591</u>	
Address: <u>16000 DALLAS PARKWAY #875</u>		
City: <u>DALLAS</u>	State: <u>TX</u>	Zip: <u>75248-6607</u>
Email: <u>regulatory@foundationenergy.co</u>		
API Number: <u>05-081-07162</u> OGCC Facility ID Number: <u>270403</u>		
Well/Facility Name: <u>LION GOVERNMENT</u> Well/Facility Number: <u>12-26</u>		
Location QtrQtr: <u>SWNW</u> Section: <u>26</u> Township: <u>12N</u> Range: <u>101W</u> Meridian: <u>6</u>		

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

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) <u>LWIS</u>	Perforated Interval <u>4113 - 4163</u>	Open Hole Interval
Tubing Casing/Annulus Test		
Tubing Size: <u>2.375</u>	Tubing Depth: <u>4165</u>	Top Packer Depth: <u>4028</u>
		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

Test Data (Use -1 for a vacuum)				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>10-03-2016</u>	<u>SHUT -IN</u>	<u>0</u>	<u>10</u>	<u>10</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>549</u>	<u>528</u>	<u>521</u>	<u>518</u>	<u>-31</u>

Test Witnessed by State Representative? OGCC Field Representative Waldron, Emily

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

Signed: _____ Print Name: Caitlin O'Hair

Title: HSE/Regulatory Tech Email: regulatory@foundationenergy.com Date: 10/4/2016

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

COGCC Approved: BURGER, CRAIG Date: 10/7/2016

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name
401123282	FORM 21 SUBMITTED
401123284	FORM 21 ORIGINAL
401123285	PRESSURE CHART

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
Engineer	Test was run for 30 minutes and pressure leveled off. See attached pressure chart. Withdrew duplicate Form 21 Document #401123166 at operator request.	10/7/2016 7:50:17 AM
Engineer	Checking with inspector. Only seven days notice. Form 42 received 9/27/2016. Test performed 10/3/2016. Will withdraw duplicate form.	10/5/2016 8:45:57 AM

Total: 2 comment(s)