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State of Colorado
Oil and Gas Conservation Commission

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



FORM 21 Rev 3/13

FOR OGCC USE ONLY

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A 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. Injection well tests must be witnessed by an OGCC representative.
5. New injection wells must be tested to maximum requested injection pressure.
6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
8. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
9. OGCC notification must be provided 10 days prior to the test via Form 42.
10. 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: <u>8960</u>	Contact Name and Telephone <u>Bryan Brown</u>	Oper	OGCC
Name of Operator: <u>Bonanza Creek Energy Inc.</u>	No: <u>(720) 440-6141</u>		
Address: <u>410 17th Street Suite 1400</u>	City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	Pressure Chart	
API Number: <u>05-123-26905</u> Field Name: _____ Field Number: _____	Email: <u>BBrown@bonanzacr.com</u>	Cement Bond Log	
Well Name: <u>North Platte</u> Number: <u>11-13</u>	Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW Sec 13 Twp 5N, Rng 63W, Meridian 6</u>	Tracer Survey	
		Temperature Survey	
		Other Report 1	
		Other Report 2	

SHUT-IN PRODUCTION WELL INJECTION WELL Facility No.: _____

Part I. Pressure Test

5-Year UIC Test Test to Maintain SI/TA Status Reset Packer
 Verification of Repairs Tubing/Packer Leak Casing Leak Other (Describe): _____

Describe Repairs: _____

NA - Not Applicable	Wellbore Data at Time of Test		Casing Test <input checked="" type="checkbox"/> NA	
Injection/Producing Zone(s) <u>N/A</u>	Perforated Interval: <input type="checkbox"/> NA <u>6308'-6574'</u>	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug	
			Bridge Plug or Cement Plug Depth <u>6258'</u>	
Tubing Casing/Annulus Test <input type="checkbox"/> NA				
Tubing Size: <u>2.375"</u>	Tubing Depth: <u>6200'</u>	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date <u>9-20-16</u>	Well Status During Test <u>T/A</u>	Date of Last Approved MIT	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure <u>0</u>
Starting Casing Test Pressure <u>575</u>	Casing Pressure - 5 Min. <u>575</u>	Casing Pressure - 10 Min. <u>575</u>	Final Casing Pressure <u>575</u>	Pressure Loss or Gain During Test <u>0</u>
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): <u>Conor Keriba</u>		

Part II. Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

<input type="checkbox"/> Tracer Survey Run Date: _____	<input type="checkbox"/> CBL or Equivalent Run Date: _____	<input type="checkbox"/> Temperature Survey Run Date: _____
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Daryl Barberousse

Signed: _____ Title: Lead Completions Foreman Date: 9-20-2016

OGCC Approval: _____ Title: Field Inspector Date: 9-20-16

Conditions of Approval, if any: