

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:

401130581

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: 100185 Contact Name Ryan Tompkins  
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (970) 285-2685  
 Address: 370 17TH ST STE 1700  
 City: DENVER State: CO Zip: 80202-5632 Email: ryan.tompkins@encana.com

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		

API Number: 05-045-21906 OGCC Facility ID Number: 431949  
 Well/Facility Name: SG Well/Facility Number: 8515E-34 E34496  
 Location QtrQtr: SWNW Section: 34 Township: 4S Range: 96W 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				Casing Test	
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
<u>N/A</u>	<u>NP</u>	<u>N/A</u>		Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test				<u>2994</u>	
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/>		

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

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>10-20-2016</u>	<u>TEMPORARILY ABANDONED</u>	<u>0psi</u>	<u>N/A</u>	<u>N/A</u>

Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>349psi</u>	<u>343psi</u>	<u>342psi</u>	<u>342psi</u>	<u>-7psi lost</u>

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: Jason Eckman  
 Title: Sr. Regulatory Analyst Email: jason.eckman@encana.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

<b>Att Doc Num</b>	<b>Name</b>
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Total Attach: 0 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
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Total: 0 comment(s)