

**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:

401119396

Date Received:

09/29/2016

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: 51065	Contact Name: Shane Pelton	Pressure Chart		
Name of Operator: LOEB LLC* HERMAN L	Phone: (620) 617-5870	Cement Bond Log		
Address: P O BOX 838		Tracer Survey		
City: LAWRENCEVILLE State: IL Zip: 62439 Email: shane@loeboil.com		Temperature Survey		
API Number: 05- 017-07188 OGCC Facility ID Number: 208253		Inspection Number		
Well/Facility Name: TEAGUE 34-13 Well/Facility Number: 3				
Location QtrQtr: SWSE Section: 13 Township: 16S Range: 42W 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 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 <div></div>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
MRRW	5151-5155			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
N/A	N/A	5100	<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
09-28-2016	SHUT -IN	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
300	300	300	300	0

Test Witnessed by State Representative? ☒ OGCC Field Representative Welsh, Brian

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

Signed: _____ Print Name: Theresa Osbment
Title: Admin Asst Email: theresa@loeboil.com Date: 9/29/2016

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

COGCC Approved: Wolfe, Stephen Date: 10/27/2016

CONDITIONS OF APPROVAL, IF ANY:**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>	
401119396	FORM 21 SUBMITTED	
Total Attach: 1 Files		
<div><div></div><div><u>General Comments</u></div></div>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Total: 0 comment(s)		