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FORM  
21  
Rev 3/13

State of Colorado  
Oil and Gas Conservation Commission

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



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 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.

OGCC Operator Number: 74770 Contact Name and Telephone  
Name of Operator: Ritchie Exploration Inc John Niernberger  
Address: PO Box 783188 No: (316) 691-9520  
City: Wichita State: KS Zip: 67278 Email: john@ritchie-exp.com  
API Number: 121-05438 Field Name: Monte Field Number: 55978  
Well Name: Cowles Number: 4  
Location (QtrQtr, Sec, Twp, Rng, Meridian): NW NE 25-3S-52W - 6 PM

Complete the  
Attachment Checklist

|                    | Oper                                | OGCC                     |
|--------------------|-------------------------------------|--------------------------|
| Pressure Chart     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cement Bond Log    | <input type="checkbox"/>            | <input type="checkbox"/> |
| Tracer Survey      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Temperature Survey | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other Report 1     | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other Report 2     | <input type="checkbox"/>            | <input type="checkbox"/> |

☒ 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  
Injection/Producing Zone(s) J-SND Perforated Interval: ☐ NA Open Hole Interval: ☐ NA  
4217' - 4222'

Casing Test ☒ NA

Use when perforations or open hole is  
isolated by bridge plug or cement plug  
Bridge Plug or Cement Plug Depth  
4150'

Tubing Casing/Annulus Test

☐ NA

Tubing Size:

Tubing Depth:

Top Packer Depth:

Multiple Packers?

☐ Yes ☐ No

Test Data

|   |  |  |   |   |                       |
|---|--|--|---|---|-----------------------|
| Test Date<br><u>05/09/2014</u>              | Well Status During Test<br><u>TA</u>   | Date of Last Approved MIT<br><u>02-11-2009</u> | Casing Pressure Before Test<br><u>0</u> | Initial Tubing Pressure                       | Final Tubing Pressure |
| Starting Casing Test Pressure<br><u>400</u> | Casing Pressure - 5 Min.<br><u>400</u> | Casing Pressure - 10 Min.<br><u>400</u>        | Final Casing Pressure<br><u>400</u>     | Pressure Loss or Gain During Test<br><u>0</u> |                       |

Test Witnessed by State Representative?

☐ Yes ☒ No

OGCC Field Representative (Print Name): \_\_\_\_\_

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.

☐ Tracer Survey

☐ CBL or Equivalent

☐ Temperature Survey

Run Date: \_\_\_\_\_

Run Date: \_\_\_\_\_

Run Date: \_\_\_\_\_

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

Print Name: John Niernberger

Signed: \_\_\_\_\_

Title: Production Manager

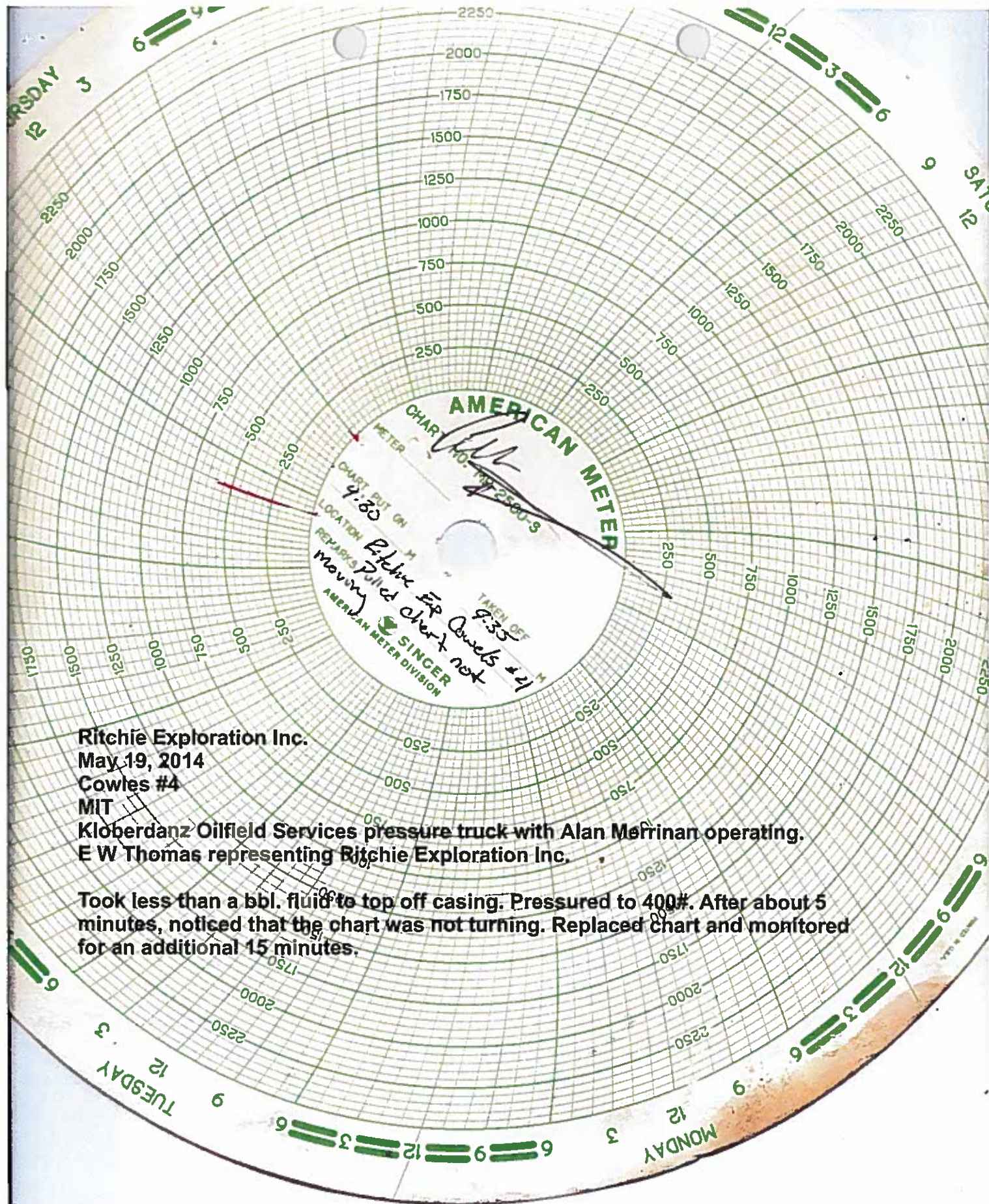
Date: 05/20/2014

OGCC Approval: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Conditions of Approval, if any: \_\_\_\_\_



Ritchie Exploration Inc.

May 19, 2014

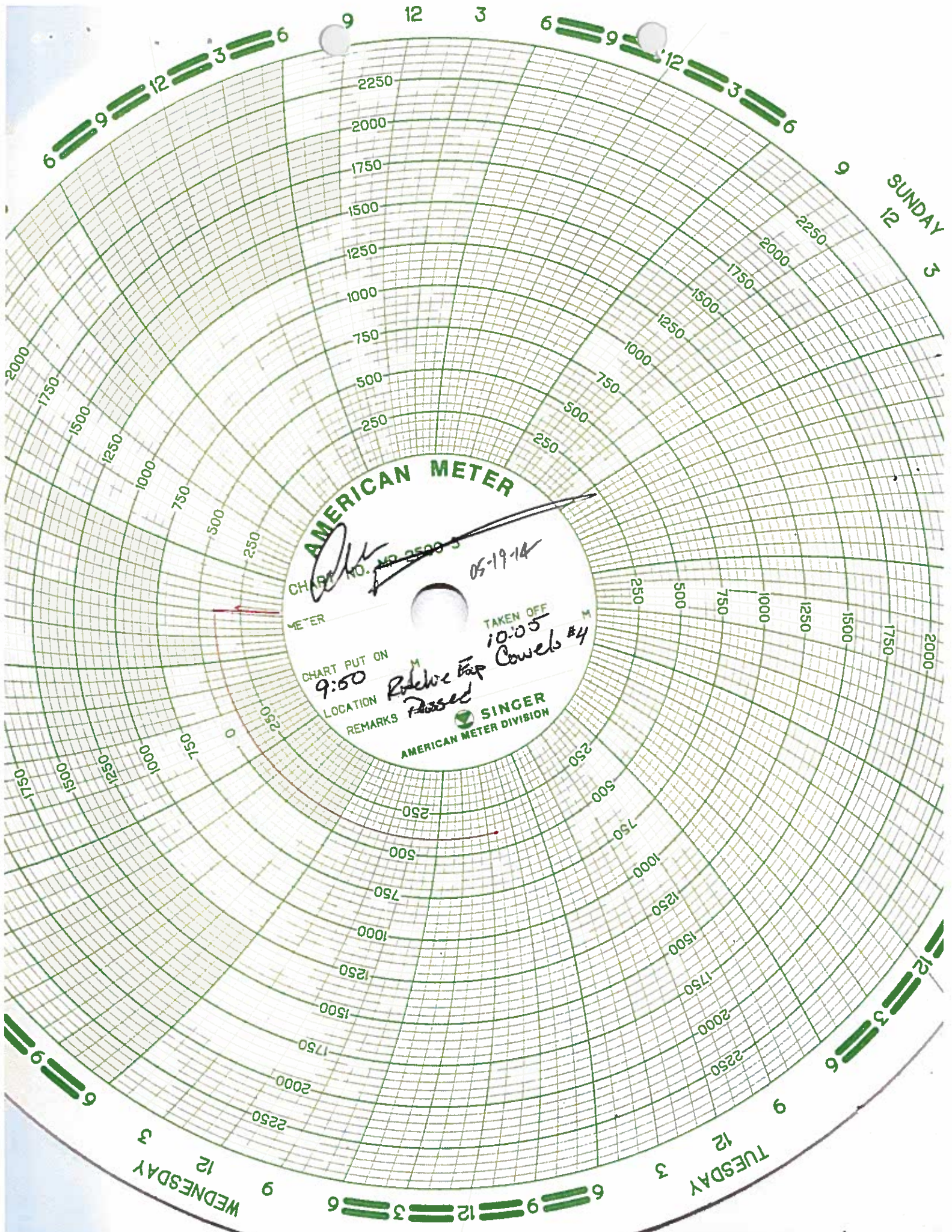
Cowles #4

MIT

Kloberdanz Oilfield Services pressure truck with Alan Merrinan operating.

E W Thomas representing Ritchie Exploration Inc.

Took less than a bbl. fluid to top off casing. Pressured to 400#. After about 5 minutes, noticed that the chart was not turning. Replaced chart and monitored for an additional 15 minutes.



AMERICAN METER

CHART NO. *MD 2500 J*

*05-19-14*

CHART PUT ON  
*9:50*

LOCATION  
*Relieve Trip*

REMARKS  
*Passed*

SINGER  
AMERICAN METER DIVISION

TAKEN OFF  
*10:05*

*Cowels #4*

SUNDAY  
12 3

TUESDAY  
3 12 9

WEDNESDAY  
3 12 9