

FORM
21
Rev 9/14State 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

Document Number:
_____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 wells 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. OGCC notification must be provided 10 days prior to the test via Form 42.
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

OGCC Operator Number: <u>10634</u>		Contact Name and Telephone <u>Wade Pelton</u>		Oper	OGCC
Name of Operator: <u>P.O.&G Operating, LLC</u>		No: <u>(719) 342-2837</u>		Pressure Chart	
Address: <u>5847 San Felipe, Suite # 3200</u>		Email: <u>Wadepelton@icloud.com</u>		Cement Bond Log	
City: <u>Houston</u>	State: <u>TX</u>	Zip: <u>77057</u>		Tracer Survey	
API Number: <u>0501707112</u>		OGCC Facility ID Number: <u>208177</u>		Temperature Survey	
Well/Facility Name: <u>Harker Ranch Morrow Unit</u>		Well/Facility Number: <u>#4</u>			
Location QtrQtr: <u>NWSE</u> Section: <u>12</u>		Township: <u>13S</u> Range: <u>43W</u> Meridian: <u>6</u>		Inspection Number	

☐ SHUT-IN PRODUCTION WELL☒ INJECTION WELLLast MIT Date: 04/08/2013

Test Type:

☐ Test to Maintain SI/TA status☒ 5- year UIC☐ Reset Packer☐ Verification of Repairs☐ Annual UIC TestDescribe Repairs or Other Well Activities: N/A

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>MRRW</u>	<u>5,224'-5,232'</u>	<u>N/A</u>	Bridge Plug or Cement Plug Depth <u>N/A</u>	
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
<u>2-3/8"</u>	<u>5,192'</u>	<u>5,192'</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>3/29/18</u>	<u>IS</u>	<u>800 PSI</u>	<u>440 PSI</u>	<u>440 PSI</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test
<u>1530 PSI</u>	<u>1530 PSI</u>	<u>1530 PSI</u>	<u>1530 PSI</u>	<u>0 PSI</u>
Test Witnessed by State Representative?		OGCC Field Representative (Print Name):		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Brian Welsh</u>		

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

Print Name: Wade PeltonSigned: Wade PeltonTitle: PumperDate: 3/29/18OGCC Approval: Brian WelshTitle: Field InspectorDate: 3/29/18

Conditions of Approval, if any:

Form 42 #401590169

Insp Doc #679904193