

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:

401630389

Date Received:

MECHANICAL INTEGRITY TEST

- Duration of the pressure test must be a minimum of 15 minutes.
- 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.
- For production wells, test pressures must be at a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a(1)B. or C.
- Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
- 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: <u>61650</u>	Contact Name <u>Tom Melland</u>	Pressure Chart		
Name of Operator: <u>MURFIN DRILLING COMPANY INC</u>	Phone: <u>(316) 267-3241</u>	Cement Bond Log		
Address: <u>250 N WATER ST STE 300</u>		Tracer Survey		
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67202</u> Email: <u>tmelland@murfininc.com</u>		Temperature Survey		
API Number : 05- <u>009-06514</u>	OGCC Facility ID Number: <u>206098</u>	Inspection Number		
Well/Facility Name: <u>S.E. CAMPO UNIT</u>	Well/Facility Number: <u>1102</u>			
Location QtrQtr: <u>SENE</u> Section: <u>1</u> Township: <u>35S</u> Range: <u>46W</u> Meridian: <u>6</u>				

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date: 5/2/2012 12:00:00 AM

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: Well will be checked for casing leaks and repair if found. Murfin plans on perforating and testing the Neva formation. A Form 2 to re-complete will be submitted.

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 <u>3938</u>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
<u>LSNGC</u>	<u>3988-4004</u>			
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
			<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>05-16-2017</u>	<u>TEMPORARILY ABANDONED</u>	<u>0</u>		
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
<u>400</u>	<u>280</u>	<u>280</u>	<u>280</u>	<u>-120</u>

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

OPERATOR COMMENTS:

Well will be checked for casing leaks and repair if found. Murfin plans on perforating and testing the Neva formation. A Form 2 to re-complete will be submitted.

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

Signed: _____ Print Name: Tom Melland

Title: Production Engineer Email: tmelland@murfininc.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:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401630404	FORM 21 ORIGINAL
401630406	OTHER
401631551	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)