

Inspection Photos
Location Name: McCallum Unit 130
API: 05-057-06389

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State of Colorado
Oil and Gas Conservation Commission
 1110 Lincoln Street, Suite 801, Denver, Colorado 80203, (303) 854-2290, Fax: (303) 854-2299

FORM 21
 Rev. 10/14

MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 15 minutes.
 2. An original pressure test report must accompany this report if the test was not witnessed by a OGCC representative.
 3. For production wells, test pressure must be scheduled by OGCC representative.
 4. For injection wells, test pressure must be at least 100 psi or 1.5 times the maximum operating pressure.
 5. For injection wells, test pressure must be at least 100 psi or 1.5 times the maximum operating pressure.
 6. A minimum 100 psi differential pressure must be maintained between the tubing and casing during the test.
 7. Do not use this form if submitting under provisions of Rule 304 and 305 or 7.
 8. OGCC notification must be provided 10 days prior to the test via Form 4.
 9. Failure or passing of the test is the responsibility of the permit holder and is not a liability of the OGCC.

OGCC Operator Number: 48090

Name of Operator: K. P. KAUFFMAN COMPANY INC. CRISTO NUNEZ and Francisco Susana Lara-Mesa
 Address: 1675 BROADWAY, STE 2800 No. (303) 855-4822
 City: DENVER State: CO Zip: 80202 E-mail: susanalaramesa@kpk.com
 API Number: 05-057-06389 OGCC Facility ID Number: _____
 Well/Facility Name: MCCALLUM UNIT 130 Well/Trap Number: _____
 Location (County): NVSE Section: 34 Township: 10N Range: 79W Meridian: 6 RM Location Number: _____

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL Last MIT Date: 6/8/2017

Test Type:
☐ Test to Maintain S/T/R status ☐ 5-year UIC ☐ Repeat Packer
☐ Verification of Repairs ☐ Annual UIC Test

Describe Repairs or Other Well Activities: _____

Casing Test
 Use either perforation or open hole is isolated for an open hole or cement plug, use if open hole only with an open hole plug.

Wellbore Data at Time of Test
 Injection/Producing Status: PRREB Production Interval: 920-942 Casing Hole to Seal: 1052
 Risk Map Flag or Cement Plug Depth: 1052

Tubing Casing/Annulus Test
 Tubing Size: 2 7/8 Tubing Depth: _____ Top Packer Depth: _____ Multiple Packers? ☐ Yes ☐ No

Test Data
 Test Date: 7/17/18 Well Source: SE
 Well Source: SE
 Casing Pressure: 390 psi Casing Pressure: 390 psi Casing Pressure: 390 psi
 Test Pressure: 390 psi Test Pressure: 390 psi Test Pressure: 390 psi
 Test Witnessed by State Representative? ☐ Yes ☐ No OGCC Field Representative (Print Name): Emily W. Warren

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

Print Name: _____ Title: _____ Date: _____
 OGCC Approval: _____ Title: Field Engineer Date: 7/17/18
 Inspection document #689801382

Photo 1. Photo of MIT Form 21 as filled out and signed in the field.