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FORM
21
Rev 9/14

State of Colorado
Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

Document Number:
401774631

Date Received:

9/27/2018

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 a 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: 47120	Contact Name and Telephone	Oper	OGCC
Name of Operator: KERRR MCGEE OIL AND GAS ONSHORE		Pressure Chart	
Address: 501 DIVISION BLVD	No:	Cement Bond Log	
City: PLATTEVILLE State: CO Zip: 80651	Email:	Tracer Survey	
API Number: 0512327386 OGCC Facility ID Number:		Temperature Survey	
Well/Facility Name: FRANK Well/Facility Number: 9-31			
Location QtrQtr: NESE Section: 31 Township: 4N Range: 67W Meridian:		Inspection Number	

☒ 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: MIT

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
7224'

Wellbore Data at Time of Test

Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:
CODELL	7306'-7328'	

Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Data

Test Date 9/27/18	Well Status During Test SI	Casing Pressure Before Test 0	Initial Tubing Pressure 0	Final Tubing Pressure
Casing Pressure Start Test 377	Casing Pressure - 5 Min. 380	Casing Pressure - 10 Min. 382	Casing Pressure Final Test 384	Pressure Loss or Gain During Test 7

Test Witnessed by State Representative?

☐ Yes

☒ No

OGCC Field Representative (Print Name):

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

Print Name: CRAIG LIPPITT

Signed: *Craig Lippitt*

Title: WELLSITE SUPERVISOR

Date: 9/27/18

OGCC Approval:

Title:

Date:

Conditions of Approval, if any: