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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 at 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: 46290	Contact Name and Telephone Susana Lara-Mesa
Name of Operator: K.P. Kauffman Co INC	No: (303) 825-4822
Address: 1675 Broadway, Suite 2800	Email: slaramesa@kpk.com
City: Denver State: CO Zip: 80202	
API Number: # 05-123-09014 Field Name: SPINDLE Field Number: # 77900	
Well Name: 1415 CORP Number: UNIT F-1	
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWWSE 30 11N 55W 6	

Complete the  
Attachment Checklist

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Other Report 1		
Other Report 2		

☒ 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: cut casing off at 1865' run new casing with casing patch casing patch at 1870'

NA - Not Applicable	Wellbore Data at Time of Test	Casing Test <input type="checkbox"/> NA
Injection/Producing Zone(s) SUSSEX	Perforated Interval: <input type="checkbox"/> NA Open Hole Interval: <input checked="" type="checkbox"/> NA 4528'-4580	Use when perforations or open hole is isolated by bridge plug or cement plug Bridge Plug or Cement Plug Depth CIBP 4475' 2 sks cement
Tubing Casing/Annulus Test <input type="checkbox"/> NA		
Tubing Size: 2 3/8	Tubing Depth: 640'	Top Packer Depth: Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Test Data		
Test Date 12/23/2014	Well Status During Test shut in.	Date of Last Approved MIT
Starting Casing Test Pressure 360	Casing Pressure - 5 Min. 360	Casing Pressure - 10 Min. 360
Final Casing Pressure 360		Pressure Loss or Gain During Test -0-
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): John A. Montoya

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.

<input type="checkbox"/> Tracer Survey	<input type="checkbox"/> CBL or Equivalent	<input type="checkbox"/> 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: Nick Pagan

Signed: [Signature] Title: Workover Supervisor Date: 12/23/2014

OGCC Approval: John A. Montoya Title: Inspector Date: 12/23/2014

Conditions of Approval, if any:

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Complete the  
Attachment Checklist

Oper OGCC

OGCC Operator Number: 46290	Contact Name and Telephone Susana Lara-Mesa	Pressure Chart		
Name of Operator: K.P. Kauffman Co INC	No: (303) 825-4822	Cement Bond Log		
Address: 1675 Broadway, Suite 2800	Email: slaramesa@kpk.com	Tracer Survey		
City: Denver State: CO Zip: 80202		Temperature Survey		
API Number: # 05-123-09014 Field Name: SPINDLE Field Number: # 77900		Other Report 1		
Well Name: 1415 CORP Number: UNIT F-1		Other Report 2		
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWWSE 30 11N 55W 6				

☒ SHUT-IN PRODUCTION WELL☐ INJECTION WELL

Facility No.:

## Part I. Pressure Test

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☐ Verification of Repairs ☐ Tubing/Packer Leak ☐ Casing Leak ☐ Other (Describe):

Describe Repairs: cut casing off at 1865' run new casing with casing patch casing patch at 1870'

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s)	Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug		
sussex	4528'-4580		Bridge Plug or Cement Plug Depth CIBP 4475' 2 sks cement		
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: 2 3/8	Tubing Depth: 640'	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data					
Test Date 12/23/2014	Well Status During Test shut in.	Date of Last Approved MIT	Casing Pressure Before Test 0	Initial Tubing Pressure 0	Final Tubing Pressure 0
Starting Casing Test Pressure 360	Casing Pressure - 5 Min. 360	Casing Pressure - 10 Min. 360	Final Casing Pressure 360	Pressure Loss or Gain During Test -0-	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): John A. Montoya		

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- ☐ 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: Nick Eagan  
Signed: [Signature] Title: Workover Supervisor Date: 12/23/2014  
OGCC Approval: John A. Montoya Title: Inspector Date: 12/23/2014  
Conditions of Approval, if any: