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FORM
21
Rev 3/13State 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 a 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 325.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 300 feet of the perforated interval to be considered a valid test.

Complete the
Attachment Checklist

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

OGCC Operator Number:

Name of Operator: Foundation Energy Management

Contact Name and Telephone

Address:

City:

State:

Zip:

No:

Email:

API Number:

Field Name:

Field Number:

Well Name: PiguerNumber: 28-5X

Location (Qtr, Sec, Twp, Rng, Meridian):

☒ SHUT-IN PRODUCTION WELL☐ INJECTION WELL

Facility No.:

Part I.

Pressure Test

☐ 5-Year UIC Test☐ Verification of Repairs☐ Test to Maintain SI/TA Status☐ Tubing/Packer Leak☐ Reset Packer☐ Casing Leak☐ Other (Describe):

Describe Repairs:

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		Use when perforations or open hole is isolated by bridge plug or cement plug	
<u>D Sand</u>		Open Hole Interval: <input type="checkbox"/> NA		Bridge Plug or Cement Plug Depth	
Tubing Size: <u>2 3/8</u>		Tubing Depth:		Top Packer Depth: <input type="checkbox"/> NA	
				Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Date	Well Status During Test	Date of Last Approved MIT	Test Data		
<u>11-15-18</u>	<u>S.I.</u>		Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
<u>0</u>	<u>398</u>	<u>397</u>	<u>396</u>	<u>2 PSI</u>	
Test Witnessed by State Representative?			OGCC Field Representative (Print Name):		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Part II.

Wellbore Channel Test

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

☐ 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: SofieldSigned: Sofield

Title:

Date: 12-27-18

OGCC Approval:

Title:

Date:

Conditions of Approval, if any:

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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:

Name of Operator: Foundation Energy Management

Contact Name and Telephone

Address:

City:

State:

Zip:

No:

Email:

API Number:

Field Name:

Field Number:

Well Name: SANDERNumber: 13-16

Location (QtrQtr, Sec, Twp, Rng, Meridian):

☒ SHUT-IN PRODUCTION WELL☐ INJECTION WELL

Part I. Pressure Test

Facility No.:

☐ 5-Year UIC Test☐ Verification of Repairs☐

Test to Maintain SI/TA Status

☐ Reset Packer☐

Tubing/Packer Leak

☐ Casing Leak☐ Other (Describe):

Describe Repairs:

Pressure Chart

Cement Bond Log

Tracer Survey

Temperature Survey

Other Report 1

Other Report 2

Complete the
Attachment Checklist

Oper OGCC

NA - Not Applicable

Wellbore Data at Time of Test

Injection/Producing Zone(s)

Perforated Interval:

☐ NA

Open Hole Interval:

☐ NACasing Test ☐ NAUse when perforations or open hole is
isolated by bridge plug or cement plug

Bridge Plug or Cement Plug Depth

6204

Tubing Casing/Annulus Test

☐ NA

Multiple Packers?

☐ Yes ☒ No

Tubing Size:

Tubing Depth:

Top Packer Depth:

Test Date

Well Status During Test

Date of Last Approved MIT

Test Data

Casing Pressure Before Test

Initial Tubing Pressure

Final Tubing Pressure

Starting Casing Test Pressure

Casing Pressure - 5 Min.

Casing Pressure - 10 Min.

Final Casing Pressure

Pressure Loss or Gain During Test

Test Witnessed by State Representative?

☐ Yes☒ No

OGCC Field Representative (Print Name):

Part II.

Wellbore Channel Test

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

☐ 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: SchieldSigned: Schield

Title:

Date: 12-27-18

OGCC Approval:

Title:

Date:

Conditions of Approval, if any: