

Inspection Photos
 Location Name: Sullivan, M C SWD 1
 API: 05-103-09265

FORM 21 Rev 3/14

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State of Colorado
 Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-3100 Fax: (303) 894-2109

FOR OGCC USE ONLY

Document Number: _____
 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 a OGCC representative, injection well tests must be witnessed by an OGCC representative.
- For production wells, test pressures must be a minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressures.
- For injection wells, test pressures must be at least 300 psig or average inject or pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/annulus pressure.
- Do not use this form if submitting under provisions of Rule 321 x(3) b or c.
- OGCC notification must be provided 30 days prior to the test via Form 42.
- 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

Pressure Chart	<input type="checkbox"/>
Cement Bond Log	<input type="checkbox"/>
Fracture Survey	<input type="checkbox"/>
Temperature Survey	<input type="checkbox"/>
Injection Number	<input type="checkbox"/>

OGCC Operator Number: 10066 Contact Name and Telephone: Randy Boocco

Name of Operator: Matrix Production Company No: (970) 529-8895

Address: 5725 Commonwealth Blvd Email: bboocco@inc@epco.com

City: Sugar Land State: TX Zip: 77479

API Number: 05-103-09265 OGCC Facility ID Number: 100185

Well/Facility Name: Sullivan MO Well/Facility Number: SWD1

Location (COUNTY, SECTION, TOWNSHIP, RANGE, MERIDIAN): WEBER, SECTION 24, TOWNSHIP 3N, RANGE 90W, MERIDIAN 8th

Last MIT Date: 07/28/2014

SHUT-IN PRODUCTION WELL INJECTION WELL

Test Type:
 Test to Maintain S/I/A status 3-year LIC Reset Packler
 Verification of Repairs Annual LIC Test

Describe Repairs or Other Well Activities: N/A

Wellbore Data at Time of Test	Perforated Interval:	Open Hole Interval:	Casing Test
Wellbore (Injection/Producing Zone(s))	6296-6378'	N/A	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:
Tubing Casing/Annulus Test	Tubing Size:	Tubing Depth:	Multiple Packers/
	3.5	6256	6256
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Test Date	Well Section During Test	Casing Pressure - Initial	Initial Casing Pressure
6/25/14	5T	500 psi	500 psi
Casing Pressure - Final	Casing Pressure - Initial	Casing Pressure Final Test	Pressure Loss or Gain During Test
500 psi	500 psi	500 psi	0 psi
Test Witnessed by State Representative?			OGCC Field Representative (Print Name):
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Emily Waldron

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

Print Name: Randy Boocco Title: Pumper Date: 6/25/14

Signed: *Randy Boocco* Title: Field Inspector Date: 6/25/14

OGCC Approval: *[Signature]* Title: _____ Date: _____

Conditions of Approval, if any:
 Inspection Document # 6898 68902848

06 25 2014 09:03

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