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FORM
21
Rev 9/14

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

Document Number:
402166680

Date Received:

9/5/19

Complete the
Attachment Checklist

Oper OGCC

Pressure Chart	<input checked="" type="checkbox"/>	
Cement Bond Log	<input type="checkbox"/>	
Tracer Survey	<input type="checkbox"/>	
Temperature Survey	<input type="checkbox"/>	
Inspection Number		

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.

OGCC Operator Number: 47120	Contact Name and Telephone SABRINA FRANTZ
Name of Operator: KER MCGEE OIL AND GAS ONSHORE LP	No: (970) 302-8771
Address: 501 DIVISION BLVD	Email: SABRINA.FRANTZ@ANADARKO.COM
City: DENVER State: CO Zip: 80217-3779	
API Number: 05-123-22043-00 OGCC Facility ID Number: _____	
Well/Facility Name: CANNON LAND Well/Facility Number: 7-18	
Location QtrQtr: SW NE Section: 18 Township: 2N Range: 66W Meridian: _____	

☒ **SHUT-IN PRODUCTION WELL**

☐ **INJECTION WELL**

Last MIT Date: _____

Test Type:

- ☒ Test to Maintain SI/TA status
☐ Verification of Repairs

- ☐ 5- year UIC
☐ Annual UIC Test

☐ Reset Packer

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test			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.	
Injection/Producing Zone(s) NIOBRARA, CODELL	Perforated Interval: 7161'-7178', 7372'-7390'	Open Hole Interval:	Bridge Plug or Cement Plug Depth 7100'	
Tubing Casing/Annulus Test				
Tubing Size: 2 3/8"	Tubing Depth: 7060'	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date 9/18/19	Well Status During Test SI	Casing Pressure Before Test 0	Initial Tubing Pressure	Final Tubing Pressure
Casing Pressure Start Test 458	Casing Pressure - 5 Min. 457	Casing Pressure - 10 Min. 456	Casing Pressure Final Test 456	Pressure Loss or Gain During Test 3 PSI
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: **9/18/19**

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: _____