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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:

Date Received:

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.
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: 66190
Name of Operator: OMIMEX
Address: 56056 HWY 385
City: HOLYOKE State: CO Zip: 80734
API Number: 05125095180000 OGCC Facility ID Number:
Well/Facility Name: BOWMAN Well/Facility Number: 14-21-5-44
Location QtrQtr: SESW Section: 21 Township: 5N Range: 44W Meridian:

Attachment Checklist table with columns for Oper and OGCC, and rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

Test Type: SHUT-IN PRODUCTION WELL or INJECTION WELL
Test to Maintain SI/TA status, Verification of Repairs, 5-year UIC, Annual UIC Test, Reset Packer

Last MIT Date: 3/14/2014

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test: NIOBRARA, Perforated Interval: 2351-2371
Tubing Casing/Annulus Test: Tubing Size: 2 3/8", Tubing Depth: 2300
Test Data: Test Date: 04/03/2019, Well Status: Active, Casing Pressure: 725, Initial Tubing Pressure: Vacuum, Final Tubing Pressure: Vacuum

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

Print Name: JEREMY FISHER

Signed: [Signature] Title: Date: 4/3/19

OGCC Approval: [Signature] Title: COGCC Date: 4/3/19

Conditions of Approval, if any: