

FORM

21

Rev  
11/20

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402676401

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 an OGCC representative. Injection well 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. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
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

OP OGCC

OGCC Operator Number: <u>10672</u>	Contact Name <u>Ronald Mack</u>	Pressure Chart		
Name of Operator: <u>TIMBER CREEK OPERATING LLC</u>	Phone: <u>(719) 859-4896</u>	Cement Bond Log		
Address: <u>6295 GREENWOOD PLAZA BLVD #100</u>		Tracer Survey		
City: <u>GREENWOOD VILLAGE</u> State: <u>CO</u> Zip: <u>8111-4978</u> Email: <u>rmack@ogrisop.com</u>		Temperature Survey		
API Number : 05- <u>071-07155</u>	OGCC Facility ID Number: <u>258770</u>	Inspection Number		
Well/Facility Name: <u>HILL RANCH</u>	Well/Facility Number: <u>06-07V</u>			
Location QtrQtr: <u>SWNE</u> Section: <u>6</u> Township: <u>35S</u> Range: <u>67W</u> Meridian: <u>6</u>				

SHUT-IN PRODUCTION WELL  INJECTION WELL Last MIT Date: 1/7/2016 12:00:00 AM

## Test Type:

- Test to Maintain SI/TA status  5-Year UIC  Reset Packer  
 Verification of Repairs  Annual UIC TEST  
 Describe Repairs or Other Well Activities: \_\_\_\_\_

## Wellbore Data at Time of Test

Injection Producing Zone(s)	Perforated Interval	Open Hole Interval
VRMJ	2298 - 2502	

## Tubing Casing/Annulus Test

Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?
			<input type="checkbox"/>

## 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.

Bridge Plug or Cement Plug Depth

2240

## Test Data (Use -1 for a vacuum)

Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
04-20-2021	TEMPORARILY ABANDONED	0	0	0
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain
402	402	401	401	-1

Test Witnessed by State Representative?  OGCC Field Representative \_\_\_\_\_

## OPERATOR COMMENTS:

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

Signed: \_\_\_\_\_ Print Name: Edie Fitzgerald  
 Title: Sr. Environmental Tech. Email: efitzgerald@ogrisop.com Date: \_\_\_\_\_

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

**Attachment List**

**Att Doc Num**

**Name**

402676404

FORM 21 ORIGINAL

402676405

PRESSURE CHART

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)