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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

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 pressurees 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: 8960 Contact Name and Telephone
Name of Operator: Bonanza Creek Energy Inc. Adam Conry
Address: 410 17TH Street Suite #1400 No: (303) 883-3351
City: Denver State: CO Zip: 80202 Email: aconry@bonanzacrk.com
API Number: 05-123-49950 OGCC Facility ID Number: 463337
Well/Facility Name: FOX CREEK Well/Facility Number: 34-0164D
Location QtrQtr: NWNW Section: 34 Township: 12N Range: 63W Meridian: 6th

FOR OGCC USE ONLY

Document Number:

Date Received:

Complete the
Attachment Checklist

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

☒ **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

Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:

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
7426

Tubing Casing/Annulus Test

Tubing Size: N/A	Tubing Depth: 0	Top Packer Depth: 0	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Test Data

Test Date 08/06/2021	Well Status During Test DUC	Casing Pressure Before Test 0	Initial Tubing Pressure 0	Final Tubing Pressure
Casing Pressure Start Test 650	Casing Pressure - 5 Min. 650	Casing Pressure - 10 Min. 650	Casing Pressure Final Test 650	Pressure Loss or Gain During Test 0

Test Witnessed by State Representative?

☐ Yes ☒ 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: Adam Conry

Signed: _____ Title: Sr. Field Engineer Date: 08/06/2021

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: