

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:

402931259

Date Received:

01/19/2022

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.
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: 76840 Contact Name Jeff Schneider
Name of Operator: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437
Address: P O BOX 889
City: FORT MORGAN State: CO Zip: 80701 Email: jeff@schneiderenergy.com
API Number: 05-087-07938 OGCC Facility ID Number: 227195
Well/Facility Name: Trend Well/Facility Number: 3-1
Location QtrQtr: NESE Section: 34 Township: 5N Range: 60W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:
Test Type:
[X] 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 Casing Test
Injection Producing Zone(s) Perforated Interval Open Hole Interval
DSND 6160 to 6170
Tubing Casing/Annulus Test
Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers?
Bridge Plug or Cement Plug Depth 6130

Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure. Includes rows for test data and casing pressure measurements.

Test Witnessed by State Representative? [X] OGCC Field Representative Schure, Kym

OPERATOR COMMENTS:

MIT Performed as required in warning letter 402899857

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

Signed: [Signature] Print Name: Jeff Schneider
Title: President Email: jeff@schneiderenergy.com Date: 1/19/2022

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

COGCC Approved: Wolfe, Stephen

Date: 3/6/2022

CONDITIONS OF APPROVAL, IF ANY:

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402931259	FORM 21 SUBMITTED
402931268	MECHANICAL INTEGRITY TEST

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)