

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:

403067259

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.
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: 17180 Contact Name Herschel Kennedy
Name of Operator: CITATION OIL & GAS CORP Phone: (719) 340-1150
Address: 14077 CUTTEN RD
City: HOUSTON State: TX Zip: 77069 Email: Hkennedy@cogc.com
API Number: 05-061-06557 OGCC Facility ID Number: 213195
Well/Facility Name: SCHNEIDER 44-1 Well/Facility Number: 2
Location QtrQtr: SESE Section: 1 Township: 18S Range: 42W Meridian: 6

SHUT-IN PRODUCTION WELL INJECTION WELL Last MIT Date:
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
MRRW 5151-5161; 5189-5195
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 5135

Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure. Data row: 10-18-2018, SHUT-IN, 0, 0, 0.

Test Witnessed by State Representative? [X] OGCC Field Representative Welsh, Brian

OPERATOR COMMENTS:

This form is being back filed per Diana Burn's request. The well was originally MIT'd due to warning letter #401781550. The well has been producing since late 2018.

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

Signed: Reg Compliance Analyst II Print Name: Sara Guthrie
Title: Reg Compliance Analyst II Email: Sguthrie@cogc.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

403227893

FORM 21 ORIGINAL

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Engineer

Inspection reported listed on the Related Forms tab is for an inspection that took place prior to the MIT. Please correct the Insp Doc #. Returning to draft.

06/22/2022

Total: 1 comment(s)