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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**

- Duration of the pressure test must be a minimum of 15 minutes.
- 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.
- For production wells, test pressures must be a at minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressurees must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- 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: <u>10722</u>		Contact Name and Telephone	
Name of Operator: <u>KTM</u>		<u>Kenny Vincent</u>	
Address: <u>2851 Johnson St PMB50</u>		No: <u>3376549404</u>	
City: <u>LaFayette</u> State: <u>LA</u> Zip: <u>70503</u>		Email: <u>vincent@orange.com</u>	
API Number: <u>073-06317</u> OGCC Facility ID Number: <u>294991</u>			
Well/Facility Name: <u>Frag</u>		Well/Facility Number: <u>7-34</u>	
Location QtrQtr: <u>SWNE</u> Section: <u>34</u> Township: <u>13S</u> Range: <u>55W</u> Meridian: <u>4</u>			

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number		<u>706700322</u>

**SHUT-IN PRODUCTION WELL**       **INJECTION WELL**      Last MIT Date: 3/9/2018

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: \_\_\_\_\_

<b>Wellbore Data at Time of Test</b>			<b>Casing Test</b>	
Injection/Producing Zone(s)	Perforated Interval:	Open Hole Interval:	Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
<u>Cherokee</u>	<u>6434-6604</u>	<u>NA</u>	Bridge Plug or Cement Plug Depth <u>6420</u>	
<b>Tubing Casing/Annulus Test</b>				
Tubing Size: <u>NA</u>	Tubing Depth: <u>NA</u>	Top Packer Depth: <u>NA</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Data</b>				
Test Date <u>3/22/2023</u>	Well Status During Test <u>TA</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure <u>NA</u>	Final Tubing Pressure <u>NA</u>
Casing Pressure Start Test <u>350</u>	Casing Pressure - 5 Min. <u>340</u>	Casing Pressure - 10 Min. <u>330</u>	Casing Pressure Final Test <u>320</u>	Pressure Loss or Gain During Test <u>30</u>
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): <u>Susan Sherman</u>	

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

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

OGCC Approval: Susan Shu Title: Field Inspector Date: 3/22/2023

Conditions of Approval, if any:

NOWBD  
Brodmhead down to 0 psi in 10sec  
Casing Pressure did not stabilize  
20 bbls to load

**FAILED**