

FORM

21

Rev 11/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

403708431

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: 46290 Contact Name: Victoria Dizghinjili
Name of Operator: KP KAUFFMAN COMPANY INC Phone: (303) 825-4822
Address: 1700 LINCOLN ST STE 4550
City: DENVER State: CO Zip: 80203 Email: vdizghinjili@tax.hrblock.com
API Number: 05-123-09717 OGCC Facility ID Number: 241926
Well/Facility Name: CARY WALKLING Well/Facility Number: 1
Location QtrQtr: SENW Section: 21 Township: 2N Range: 66W 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 Casing Test
Injection Producing Zone(s) Perforated Interval Open Hole Interval
SUSX 4670-4694
Tubing Casing/Annulus Test
Tubing Size: Tubing Depth: Top Packer Depth: Multiple Packers?
Bridge Plug or Cement Plug Depth: 4600

Test Data (Use -1 for a vacuum)
Table with 5 columns: Test Date, Well Status During Test, Casing Pressure Before Test, Initial Tubing Pressure, Final Tubing Pressure.
Table with 5 columns: Casing Pressure Start Test, Casing Pressure - 5 Min., Casing Pressure - 10 Min., Casing Pressure Final Test, Pressure Loss or Gain.

Test Witnessed by State Representative? [X] OGCC Field Representative: Revas, Robbie

OPERATOR COMMENTS:

[Empty box for operator comments]

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

Signed: [Signature] Print Name: TJ Kilian
Title: Field Engineer Email: tkilian@kpk.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: [Signature] Date:

CONDITIONS OF APPROVAL, IF ANY:

[Empty box for conditions of approval]

Attachment List

Att Doc Num

Name

403708520

FORM 21 ORIGINAL

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)