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FORM 21 Rev 9/14

State of Colorado Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

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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 a OGCC representative.
3. For production wells, test pressures must be a at 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. 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.

Complete the Attachment Checklist

OGCC Operator Number: 46290
Name of Operator: KP KAUFFMAN INC
Address: 1700 LINCOLN ST STE 4550
City: DENVER State: CO Zip: 80203
API Number: 05-123-09717-00 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

Attachment Checklist table with columns for Oper and OGCC, rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

[X] 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: Injection/Producing Zone(s) SUSX, Perforated Interval: 4670'-4694', Open Hole Interval:
Tubing Casing/Annulus Test: Tubing Size: N/A 2.375, Tubing Depth: 4500, Top Packer Depth: Multiple Packers?: [] Yes [X] No
Test Data: Test Date: 2/29/24, Well Status During Test: SHUT IN, Casing Pressure Before Test: 0, Initial Tubing Pressure: 0, Final Tubing Pressure: 0
Casing Pressure Start Test: 430, Casing Pressure - 5 Min.: 425, Casing Pressure - 10 Min.: 420, Casing Pressure Final Test: 415, Pressure Loss or Gain During Test:
Test Witnessed by State Representative? [X] Yes [] No OGCC Field Representative (Print Name): Robbie Keenan

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

Print Name: TJ Killian

Signed: [Signature] Title: Field Engineer Date: 02/29/2024

OGCC Approval: Title: Date:

Conditions of Approval, if any:

Internal Copy Signed by State Rep