



Click here to reset the form

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

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. Injection wells tests must be 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. 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.

FOR OGCC USE ONLY

Document Number:

Date Received:

Complete the
Attachment Checklist

Oper OGCC

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Inspection Number	693807027	

OGCC Operator Number:	Contact Name and Telephone
Name of Operator: <u>HILLCOPE ENERGY</u>	<u>Jamie Huffman</u>
Address: <u>352 Rd 3100</u>	NO: <u>505 320 8129</u>
City: <u>Aspen</u> State: <u>NM</u> Zip: <u>87410</u>	Email: <u>Jhuffman@hillcope.com</u>
API Number: <u>0506207935</u> OGCC Facility ID Number:	
Well/Facility Name: <u>HUBB-DGS</u> Well/Facility Number: <u>#1</u>	
Location QtrQtr: Section: <u>9</u> Township: <u>34N</u> Range: <u>8W</u> Meridian:	

☐ SHUT-IN PRODUCTION WELL

☒ INJECTION WELL

Last MIT Date: 4/10/19

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:	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>Point Lookout</u>	<u>4884 ± 4988</u>		Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
<u>3 1/2</u>	<u>4765</u>	<u>4765</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>4/3/24</u>	<u>INJ OFF</u>	<u>0</u>	<u>1056</u>	<u>1057</u>
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain During Test
<u>0</u>	<u>1526</u>	<u>1525</u>	<u>1525</u>	<u>-1 Psi</u>
Test Witnessed by State Representative?		OGCC Field Representative (Print Name):		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>David Browning</u>		

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

Print Name: LEN FORDEN

Signed: [Signature]

Title: SWA LEAD

Date: 4/3/24

OGCC Approval: [Signature]

Title: Compliance Spec

Date: 4/3/24

Conditions of Approval, if any:



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

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.
Step 2. Sample now, if intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.
Step 3. Conduct Bradenhead test.
Step 4. Conduct Intermediate casing test.
Step 5. Send report to BLM within 30 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number:	2. Name of Operator: <u>Hilcorp Energy</u>	3. BLM Lease No:	11. Date of Test:
4. API Number: <u>0506702935</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Injection
6. Well Name: <u>Hubei - PLS</u>	Number: <u>#1</u>	<input type="checkbox"/> Clock/Intermittent	<input type="checkbox"/> Plunger Lift
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>9 - 34N - 8W</u>	8. County: <u>La Plata</u>	9. Field Name:	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing: Fm: <u>1163</u>	Tubing: Fm: <u>N/A</u>	Prod. Casing: Fm: <u>0</u>
	Intermediate Csg: Fm: <u>N/A</u>	Surface Casing: Fm: <u>0</u>	15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min Sec)	Fm: <u>1163</u>	Production Casing PSIG	Intermediate Casing PSIG
With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures.) Record pressures at five minute intervals. Define characteristics of flow in "Bradenhead Flow" column using letter designations below:		00:	<u>1163</u>	<u>0</u>	<u>0</u>
O = No Flow; C = Continuous; D = Down to 0; V = Vapor		05:	<u>1163</u>	<u>0</u>	<u>0</u>
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		10:	<u>1163</u>	<u>0</u>	<u>0</u>
BRADENHEAD SAMPLE TAKEN?		15:	<u>1163</u>	<u>0</u>	<u>0</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		20:			
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		25:			
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		30:			
<input type="checkbox"/> Other: (describe)					
Sample cylinder number:					
Note instantaneous Bradenhead PSIG at end of test: > <u>0</u>					

17. STEP 4: INTERMEDIATE CASING TEST					
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min Sec)	Fm: <u>1163</u>	Production Casing PSIG	Intermediate Casing PSIG
With gauges monitoring production casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Characterize flow in "Intermediate Flow" column using letter designations below:		00:			
O = No Flow; C = Continuous; D = Down to 0; V = Vapor		05:			
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		10:			
INTERMEDIATE SAMPLE TAKEN?		15:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		20:			
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		25:			
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		30:			
<input type="checkbox"/> Other: (describe)					
Sample cylinder number:					
Note instantaneous Intermediate Casing PSIG at end of test: >					
18. Comments: <u>BA had 0 PSI. Nothing when opened.</u>					

19. STEP 5: See instructions above.

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

Test Performed by: Ken Gordon Title: SWP Lead Phone: 505 520 5824
Signed: [Signature] Title: Date: 4/3/24
WITNESSED BY: Title: Agency: