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21
Rev 3/13State 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

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A 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. Injection well tests must be witnessed by an OGCC representative.
5. New injection wells must be tested to maximum requested injection pressure.
6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
8. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
9. OGCC notification must be provided 10 days prior to the test via Form 42.
10. 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: 10422		Contact Name and Telephone JOSH KLIESEN	
Name of Operator: PRONGHORN OPERATING LLC		No: (719) 688-2591	
Address: 8400 E PRENTICE AVENUE #1000		Email:	
City: GREENWOOD VILLAGE	State: CO	Zip: 80111	
API Number: 05-017-07754		Field Name: SALIS	Field Number: 76165
Well Name: MOYER		Number: #1	
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW 36 13S 44W 6 PM			

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Other Report 1		
Other Report 2		

☒ SHUT-IN PRODUCTION WELL☐ INJECTION WELL

Facility No.: _____

Part I. Pressure Test

☐ 5-Year UIC Test☒ Test to Maintain SI/TA Status☐ Reset Packer☐ Verification of Repairs☐ Tubing/Packer Leak☐ Casing Leak☐ Other (Describe): _____

Describe Repairs: _____

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input checked="" type="checkbox"/> NA	
Injection/Producing Zone(s) SHWNE		Perforated Interval: <input type="checkbox"/> NA 4076' - 4081'		Use when perforations or open hole is isolated by bridge plug or cement plug	
		Open Hole Interval: <input checked="" type="checkbox"/> NA		Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: 2.875		Tubing Depth: 4020'		Top Packer Depth: 4020'	
				Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data					
Test Date 01/02/2014	Well Status During Test SHUT IN	Date of Last Approved MIT N/A	Casing Pressure Before Test 0	Initial Tubing Pressure 0	Final Tubing Pressure 0
Starting Casing Test Pressure 370	Casing Pressure - 5 Min. 380	Casing Pressure - 10 Min. 380	Final Casing Pressure 380	Pressure Loss or Gain During Test +10	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): CRAIG QUINT		

Part II. Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

☐ Tracer Survey☐ CBL or Equivalent☐ Temperature Survey

Run Date: _____

Run Date: _____

Run Date: _____

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

Print Name: JOSH KLIESEN

Signed: *Josh Kliesen*

Title: FIELD FOREMAN

Date: 01/02/2014

OGCC Approval: *Craig Quint*

Title: SE AREA INSPECTOR

Date: 01/02/2014

Conditions of Approval, if any: