



01522084

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FORM  
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 to a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 35 minutes.
2. A pressure chart must accompany this report if the test was witnessed by a OGCC representative.
3. For production wells, test pressures must be a minimum of 350 psig.
4. Injection well tests must be witnessed by an OGCC representative.
5. Non-injection wells must be tested to maximum regulated injection pressure.
6. For injection wells, test pressures must be at least 350 psig or average injection pressure, whichever is greater.
7. A minimum 350 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 526 a (11 B) or c.
9. OGCC notification must be provided 30 days prior to the test via Form 42.
10. Packers or bridge plugs, etc., must set up within 500 feet of the perforated interval to be completed a valid test.

OGCC Operator Number: 85620		Contract Name and Telephone	
Name of Operator: Western Operating Company		D. Scott Stapp	
Address: 518 17th Street, Suite 200		No: (303) 893-2432	
City: Denver State: CO Zip: 80202		Email: scott@westernoperating.com	
API Number: 05-121-06688	Field Name: Bobcat	Field Number: 7045	
Well Name: Bobcat D Sand Unit		Number: 2	
Location (Q1/Q2, Sec, Twp, Rng, Meridian): NENW Sec. 4-1S-56W			

Complete the  
Attachment Checklist

Operator	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 type="checkbox"/> NA	
Injection/Producing Zone(s)		Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug.	
D Sand		5145-5168		Bridge Plug or Cement Plug Depth	
				5050	
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Test Data					
Test Date: 4/29/14	Well Status During Test: TA	Date of Last Approved MHI: 8/21/09	Casing Pressure Before Test: 0	Initial Tubing Pressure: NA	Final Tubing Pressure: NA
Starting Casing Test Pressure: 350	Casing Pressure - 5 Min: 350	Casing Pressure - 35 Min: 345	Final Casing Pressure: 340	Pressure Loss or Gain Casing Test: 10	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): Susan Sherman		

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☐ CBI 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: D. Scott Stapp

Signed: *D. Scott Stapp*

Title: Agent

Date: 03/26/2014

OGCC Approval: *Susan Sherman*

Title: Field Inspector

Date: 4/29/14

Conditions of Approval, if any: