**FORM** 21 Rev 08/14

## State of Colorado Oil and Gas Conservation Commission

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



**Document Number:** 

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Date Received:

## **MECHANICAL INTEGRITY TEST**

| <ol> <li>Duration of the pressure test must be a minimum of</li> </ol> | ι | Duration | or the | : Dressure | test | musi b | oe a | minimum | of | 15 | minutes |
|--|---|----------|--------|------------|------|--------|------|---------|----|----|---------|
|--|---|----------|--------|------------|------|--------|------|---------|----|----|---------|

2. An original pressure chart must accompany this report if this test was not witnessed by an OGCC representative. Injection well 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 at 1)8 or C.

Written OCCC ontification must be expected.

Complete the Attachment

Checklist

| 9. Packers or bridge plugs, e   | etc., must be set within 1  | ys phor to the les<br>00 feet of the pen | orated interval to | be consi   | dered a va | e<br>lid test.     |                   |                           | OP (                  | OGCC     |  |
|---|---|--|--------------------|--|------------|--------------------|-------------------|---------------------------|-----------------------|----------|--|
| OGCC Operator Number:   | : 1011  | 0  | Contact Name       | Mici   | nael       | Andrews            |                   | Pressure Chart            | Π                     |          |  |
| Name of Operator: G   | REAT WESTERN OPE  | RATING COMP.                             | ANY LLC            |  | Phone:     | (970) 43           | 33-8704           | Cement Bond Log           | $\vdash$              | $\vdash$ |  |
| Address: 1801 BRC   | DADWAY #500   |  |                    |  |            |                    |                   | Tracer Survey             | +                     | Н        |  |
| City: DENVER  | State:  | CO Zip:                                  | 80202              | Email:   | mandrev    | rs@gwog            | co.com            | Temperature Survey        |                       |          |  |
| API Number: 05-   | 121-09259   | OG                                       | CC Facility ID t   | Number   | *          | 236765             |                   | Inspection Num            | her                   | Ц        |  |
| Well/Facility Name:   | Name: FLESSNER Well/Facility Number: 14   |  |                    |  |            |                    |                   |                           |                       |          |  |
| Location QtrQtr: NW   | NE Section:   | 30 To                                    | vnship: 1S         | •  | Range:     | 56W                | Meridian: 6       |                           |                       |          |  |
| SHUT-IN PRODUCT Test Type: Test to Maintain Verification of Re Describe Repairs | SI/TA status  | S-Year UIC<br>Annual UIC                 |                    | Las  | MIT Date   | e: 7/29/<br>Packer | 2013 12:00:00     | AM                        |                       | _        |  |
| Wellbore Data at Time   | of Test   |  |                    |  |            | Т                  |                   | Casing Test               | _                     |          |  |
| Injection Producing   | Zone(s)   | Perforated Inter                         | val                | Open 1   | Hole Inter | val                |                   |                           | a ie                  |          |  |
| TCIID   | 363 NA  |  |                    | Use when perforations or open hole is isolated by bridge plug or cement plug; use if |            |                    |                   |                           |                       |          |  |
| Tubing Casing/Annulus   | 5.5 Test  |  | 163                |  |            |                    | cased-hole or     | nly with plug back total  | depth                 | ).       |  |
| Tubing Size:  |   |  |                    |  | ole Packe  | Bridg              |                   | Plug or Cement Plug Depth |                       |          |  |
| 2.375   | 5308  | 5310                                     |                    | D. Adv. or   |            |                    |                   |                           |                       |          |  |
|   | 0000  |  | st Data (Use -     | 1 for a  | vacuum)    |                    |                   |                           | _                     | _        |  |
| Test Date V   |   |  |                    |  |            |                    |                   | Final Tubing Pres         | Final Tubing Pressure |          |  |
| 05-31-2018  | 05-31-2018 INJECTING  |  |                    |  |            | -20                |                   |                           |                       | $\neg$   |  |
| Casing Pressure Start Te  | ing Pressure Start Test Casing Pressure - 5 Min. Casing Pressure - 10 Min. Casing Pressure Final Test |  |                    |  |            |                    |                   |                           | Pressure Loss or Gain |          |  |
| 406   | 400   |  | 399                |  |            | 400                | 2                 | (a                        |                       |          |  |
| Test Witnessed by Sta   | ite Representative?   | X  | GCC Field Rep      | resenta  | tive       | Suso               | n Sher            | m QLa                     |                       | - 1      |  |
| OPERATOR COMMENTS   | 1   | -  |                    |  |            |                    |                   |                           |                       |          |  |
| Ins # 688   | 3301951   |  |                    |  |            | Fo                 | m 42 - 4          | 10/64787                  | 7                     |          |  |
| hereby certify all stateme  | ents made in this form  | are, to the bes                          | t of my knowled    | lge, true  | correct,   |                    |                   |                           |                       |          |  |
| Signed:   | 10hs  |  |                    |  | Print Nar  | ne: Micha          | el Andrews        |                           |                       |          |  |
| Title: Operations E   | ngineer   | Emai                                     | l mandrews@        | )gwogc   | com        |                    | Date              |                           | _                     |          |  |
| Based on the information  | n provided herein, this   | Notice (Form                             | 21) complies w     | ith CO   | SCC Rule   | s and app          | licable orders ar | nd is hereby approved.    |                       |          |  |
| COGCC Approved: 5/31/2018   |   |  |                    |  |            |                    |                   |                           | 5                     |          |  |
|   |   | CONDITIC                                 | NS OF A            | PPRO   | DVAL,      | IF AN              | Y:                |                           |                       |          |  |
|   |   |  |                    |  |            |                    |                   |                           |                       |          |  |