

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: <u>19160</u>	11. Date of Test: <u>5-21-18</u>
2. Name of Operator: <u>CONOCO PHILLIP COMPANY</u> BLM Lease No:	12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In
4. API Number: <u>05-005-0720500</u> Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
6. Well Name: <u>CONVCS Family 6</u> Number: <u>114</u>	<input type="checkbox"/> Clock/Intermittent
7. Location (Qtr Qtr, Sec, Twp, Rng, Meridian): <u>N 55 E, 6 1/4, 63 N, 16</u>	<input type="checkbox"/> Plunger Lift
8. County: <u>ARAPAHOE</u> 9. Field Name: <u>DJ Nor 20th</u>	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian <u>N/D & O/A</u>	15. STEP 2: See instructions above.
STEP 1: EXISTING PRESSURES	
Record all pressures as found	Tubing: Fm: _____
Tubing: Fm: _____	Prod. Casing: Fm: <u>0.1</u>
Intermediate Csg: _____	Surface Casing: <u>-5.8</u>

STEP 3: BRADENHEAD TEST						
16. 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: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas	00:	<u>0</u>		<u>0</u>		<u>0</u>
	05:	<u>5</u>		<u>0</u>		<u>0</u>
	10:	<u>10</u>		<u>0</u>		<u>0</u>
	15:	<u>15</u>		<u>0</u>		<u>0</u>
	20:					
	25:					
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid						
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) <u>N/A</u>						
Sample cylinder number: _____						
Note instantaneous Bradenhead PSIG at end of test: >						

STEP 4: INTERMEDIATE CASING TEST						
17. 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: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid						
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____						
Sample cylinder number: _____						
Note instantaneous Intermediate Casing PSIG at end of test: >						
18. Comments: _____						

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: LA Rye Garcia Title: Project Lead Phone: 505 330 9433Signed: _____ Title: _____ Date: 5-21-18WITNESSED BY: Susan Johnson Title: Field Inspector Agency: COG C