

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: Merit Energy 3. BLM Lease No: _____
 4. API Number: 133-08542 5. Multiple completion? Yes No
 6. Well Name: Putnam Number: #1
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW SW - S29 - 2N - 66W
 8. County: Weld 9. Field Name: _____
 10. Minerals: Fee State Federal Indian

11. Date of Test: 1/26/02
 12. Well Status: Flowing Shut In
 Gas Lift Pumping Injection
 Clock/Intermittent
 Plunger Lift
 13. Number of Casing Strings:
 Two Three Liner?

14. **STEP 1: EXISTING PRESSURES**

| | | | | | |
|-------------------------------|---------------------------------|----------------------------|----------------------------------|-------------------------|--|
| Record all pressures as found | Tubing: <u>300</u> Fm: _____ | Tubing: _____ Fm: _____ | Prod. Casing: _____ Fm: _____ | Intermediate Csg: _____ | Surface Casing: <u>15</u> Fm: _____ |
|-------------------------------|---------------------------------|----------------------------|----------------------------------|-------------------------|--|

15. **STEP 2: See instructions above.**

16. **STEP 3: BRADENHEAD TEST**

Buried valve? Yes No Confirmed open? Yes No

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

| Elapsed Time (Min:Sec) | Fm: _____ Tubing: _____ | Fm: _____ Tubing: _____ | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow: |
|------------------------|----------------------------|----------------------------|------------------------|--------------------------|------------------|
| 00: | | | | | |
| 05: | | | | | |
| 10: | | | | | |
| 15: | | | | | |
| 20: | | | | | |
| 25: | | | | | |
| 30: | | | | | |

BRADENHEAD SAMPLE TAKEN?
 Yes No Gas Liquid

Character of Bradenhead fluid: Clear Fresh
 Sulfur Salty Black
 Other: (describe) _____

Sample cylinder number: _____

Note instantaneous Bradenhead PSIG at end of test: >

17. **STEP 4: INTERMEDIATE CASING TEST**

Buried valve? Yes No Confirmed open? Yes No

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

| Elapsed Time (Min:Sec) | Fm: _____ Tubing: _____ | Fm: _____ Tubing: _____ | Production Casing PSIG | Intermediate Casing PSIG | Intermediate Flow: |
|------------------------|----------------------------|----------------------------|------------------------|--------------------------|--------------------|
| 00: | | | | | |
| 05: | | | | | |
| 10: | | | | | |
| 15: | | | | | |
| 20: | | | | | |
| 25: | | | | | |
| 30: | | | | | |

INTERMEDIATE SAMPLE TAKEN?
 Yes No Gas Liquid

Character of Intermediate fluid: Clear Fresh
 Sulfur Salty Black
 Other: (describe) _____

Sample cylinder number: _____

Note instantaneous Intermediate Casing PSIG at end of test: >

18. Comments: 14 min slow down to 0
Sample of BH gas taken + Salvo
of gas

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: Jinda Pavella Title: PET Phone: 303-732-9414

Signed: _____ Title: _____ Date: _____

WITNESSED BY: [Signature] Title: Operations Manager Agency: Merit Energy



COLORADO OIL & GAS CONSERVATION COMMISSION

WESTERN WELD REGION FIELD INSPECTION REPORT

NOTICE OF UNSATISFACTORY INSPECTION
 NOTICE OF SATISFACTORY INSPECTION

980 S. Fulton
Fort Lupton, CO 80621 303-857-1635

Date: 1/26/02 Facility ID: _____ Operator: Putnam #1
 Location: NW5W-529-2N-66W Lease Name: Merit Energy
 API Number: 05-123-08542 Inspector: **LINDA PAVELKA** Cell: 303-886-7223

INSP TYPE: RECLAM PASS INTER PASS/FAIL P F VIOLATION Y N NOV Y N
 UIC VIOL TYPE: UA MI OP PA OT TBG/PKR LK CSG LK ALL UIC VIOLATIONS REQUIRE NOAVS

Well ID Signs Comments: _____
 (Rule 210) **Y N**

Fences Y N Comments: _____
 (Rule 603.b.(7), 1002.a)

Production Pits
 (Rule 902, 903, 904)
EARTHEN PITS ONLY
 SENSITIVE AREA YES NO

Produced Water Pits Total # _____ Oil Accumulation? YES NO
 Comments: _____
 Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____
 Comments: _____
 Special Purpose Pits Total # _____ Lined # _____ Unlined # _____
 Comments: _____

Tank Battery Equipment
 (Rule 604)

BURIED OR PARTIALLY BURIED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____

Fire Walls/Berms/Dikes
 [Rule 604.a.(4)]

General Housekeeping
 (Rule 603.g)

Spills (Oil/Water)
 (Rule 906)

UIC Routine Inspection
 FILL OUT FORM 21
 WHEN WITNESSING MIT

Inj. Pressure _____ Psig
 T-C Ann. Pressure _____ Psig

COMMENTS

Drilling Well/Workover
 (Rule 317)

Surface Rehabilitation
 (Rule 1003, 1004)

Miscellaneous

15 # pressure on BH
 blew down to 0 on 16
 min.

CORRECTIVE ACTION REQUIRED:
 Date Corrective Action Required By: _____ Date Remedied: _____

This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in a timely manner. Failure to comply may result in enforcement action by the Commission.



COLORADO OIL & GAS CONSERVATION COMMISSION

WESTERN WELD REGION FIELD INSPECTION REPORT

NOTICE OF UNSATISFACTORY INSPECTION
 NOTICE OF SATISFACTORY INSPECTION

980 S. Fulton
Fort Lupton, CO 80621 303-857-1635

Date: 1/29/02 Facility ID: _____ Operator: West Energy
 Location: NW SW - 889-20-660 Lease Name: Putnam #1
 API Number: 05 - 123 - 08547 Inspector: **LINDA PAVELKA** Cell: **303-886-7223**

INSP TYPE _____ INSP STATUS _____ RECLAM PASS INTER PASS/FAIL P F VIOLATION Y N NOV Y N
 UIC VIOL TYPE: UA MI OP PA OT TBG/PKR LK CSG LK **ALL UIC VIOLATIONS REQUIRE NOAVS**

Well ID Signs Comments: _____
 (Rule 210) **Y N**

Fences Y N Comments: _____
 (Rule 603.b.(7), 1002.a)

Production Pits
 (Rule 902, 903, 904)
EARTHEN PITS ONLY
 SENSITIVE AREA YES NO

Produced Water Pits Total # _____ Oil Accumulation? YES NO
 Comments: _____
 Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____
 Comments: _____
 Special Purpose Pits Total # _____ Lined # _____ Unlined # _____
 Comments: _____

Tank Battery Equipment
 (Rule 604)

BURIED OR PARTIALLY BURIED VESSELS : #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____

Fire Walls/Berms/Dikes
 [Rule 604.a.(4)]

General Housekeeping
 (Rule 603.g)

Spills (Oil/Water)
 (Rule 906)

UIC Routine Inspection
 FILL OUT FORM 21
 WHEN WITNESSING MIT

Inj. Pressure _____ Psig
 T-C Ann. Pressure _____ Psig

COMMENTS

Drilling Well/Workover
 (Rule 317)

Surface Rehabilitation
 (Rule 1003, 1004)

330 # on tbq.

Miscellaneous

15# on BH
 blew down in 12 min

CORRECTIVE ACTION REQUIRED:
 Date Corrective Action Required By: _____ Date Remedied: _____

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