



## 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 3 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: 47120 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP  
 4. API Number; 05-123-23558-00 5. Multiple completion? ☐ Yes ☐ No  
 6. Well Name: NEWBY Number: 7-28  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE,28,3N,66W,6  
 8. County WELD 9. Field Name: WATTENBERG  
 10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 10/29/2018  
 12. Well Status: ☐ Flowing  
☐ Shut In ☐ Gas Lift  
☐ Pumping ☐ Injection  
☐ Clock/Intermitter  
☒ Plunger Lift  
 13. Number of Casing Strings:  
☐ Two ☐ Three ☐ Liner?

### 14. EXISTING PRESSURES

Record all pressures as found	Tubing: _____ Fm: _____	Tubing: _____ Fm: _____	Prod Csg <u>787</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>39</u>
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### 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:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>787</u>		G
05:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>787</u>		G
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>787</u>		W
15:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>787</u>		W
20:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>787</u>		W
25:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>787</u>		W
30:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>787</u>		W

BRADENHEAD SAMPLE TAKEN?  
☒ Yes ☐ No ☒ Gas ☐ Liquid  
 Character of Bradenhead fluid: ☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black  
 Other:(describe) \_\_\_\_\_  
 Sample cylinder number: \_\_\_\_\_

Instantaneous Bradenhead PSIG at end of test: > 1

### INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ No  
 Confirmed open? ☐ Yes ☐ No  
 With gauges monitoring production, intermediate 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:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	<input type="checkbox"/>			
05:00	<input type="checkbox"/>	<input type="checkbox"/>			
10:00	<input type="checkbox"/>	<input type="checkbox"/>			
15:00	<input type="checkbox"/>	<input type="checkbox"/>			
20:00	<input type="checkbox"/>	<input type="checkbox"/>			
25:00	<input type="checkbox"/>	<input type="checkbox"/>			
30:00	<input type="checkbox"/>	<input type="checkbox"/>			

INTERMEDIATE SAMPLE TAKEN?  
☐ Yes ☐ No ☐ Gas ☐ Liquid  
 Character of Intermediate fluid: ☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black  
 Other:(describe) \_\_\_\_\_  
 Sample cylinder number: \_\_\_\_\_

Instantaneous Intermediate Casing PSIG at end of test: >

Comments: Surface casing produced no fluids. Blew down surface casing an extra 30 minutes ended with a whisper. Surface casing shut in for 15 minutes ended with 4 PSI. Well and master valve were shut in.

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

Test Performed By: COOPER POST Title: NON-EMPLOYEE Phone: (970) 402-7231

Signed: CHERYL LIGHT Title: STAFF REGULATORY ANALYST Date: 10/31/2018

Witnessed By: Title: Agency: