

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES
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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: 46290 3. BLM Lease No: _____

2. Name of Operator: KP KAUFFMAN COMPANY INC

4. API Number: 05-123-09039-00 5. Multiple completion? ☐ Yes ☒ No

6. Well Name: UPRR 43 PAN AM I Number: 19

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW,10,1N,68W,6

8. County WELD 9. Field Name: SPINDLE

10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 10/08/2019

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: 0	Tubing: _____	Prod Csg 50	Intermediate	Surf. Csg
	Fm: SX-SN	Fm: _____	Fm: SX-SN	Csg: _____	0

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	SX-SN 0	<input type="checkbox"/>	<input type="checkbox"/> 50		D
05:00	SX-SN 0	<input type="checkbox"/>	<input type="checkbox"/> 50		D
10:00	SX-SN 0	<input type="checkbox"/>	<input type="checkbox"/> 50		D
15:00	SX-SN 0	<input type="checkbox"/>	<input type="checkbox"/> 50		D
20:00	SX-SN 0	<input type="checkbox"/>	<input type="checkbox"/> 50		D
25:00	SX-SN 0	<input type="checkbox"/>	<input type="checkbox"/> 50		D
30:00	SX-SN 0	<input type="checkbox"/>	<input type="checkbox"/> 50		D

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: > 0

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"/>	<input type="checkbox"/>		
05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30:00	<input type="checkbox"/>	<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:

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

Test Performed By: Rick Ramos Title: Workover Supervisor Phone: (303) 591-0559

Signed: Susana Lara-Mesa Title: VP of Engineering Date: 10/15/2019

Witnessed By: _____ Title: _____ Agency: _____