

State of Colorado
Oil and Gas Conservation Commission

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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: 10017 3. BLM Lease No: _____
2. Name of Operator: CHACO ENERGY COMPANY
4. API Number; 05-001-06090-00 5. Multiple completion? ☐ Yes ☒ No
6. Well Name: UPRR-HOLMQUIST Number: 1-1
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW,1,2S,61W,6
8. County ADAMS 9. Field Name: SUN
10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 12/08/2019

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: 15 Fm: DSND	Tubing: _____ Fm: _____	Prod Csg 15 Fm: DSND	Intermediate Csg: _____	Surf. Csg 0
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BRADENHEAD TEST

<p>Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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</p> <p>BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) NA Sample cylinder number: NA</p>	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	00:00	DSND 15	<input type="checkbox"/>	<input type="checkbox"/> 15		O
	05:00	DSND 15	<input type="checkbox"/>	<input type="checkbox"/> 15		O
	10:00	DSND 15	<input type="checkbox"/>	<input type="checkbox"/> 15		O
	15:00	DSND 15	<input type="checkbox"/>	<input type="checkbox"/> 15		O
	20:00	DSND 15	<input type="checkbox"/>	<input type="checkbox"/> 15		O
	25:00	DSND 15	<input type="checkbox"/>	<input type="checkbox"/> 15		O
	30:00	DSND 15	<input type="checkbox"/>	<input type="checkbox"/> 15		O
Instantaneous Bradenhead PSIG at end of test: > 0						

INTERMEDIATE CASING TEST

<p>Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> 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</p> <p>INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) Sample cylinder number: _____</p>	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"/>		
Instantaneous Intermediate Casing PSIG at end of test: >						

Comments: Two string well - no intermediate test.

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

Test Performed By: Vic Behrens Title: Leae Operator Phone: (303) 810-6382

Signed: Matt Nelson Title: Sr. Operations Engineer Date: 12/11/2019

Witnessed By: _____ Title: _____ Agency: _____