

State of Colorado  
Oil and Gas Conservation Commission

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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>88370</u>		11. Date of Test: <u>12-10-19</u>	
2. Name of Operator: <u>Timka Resources</u>		12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
3. BLM Lease No:		<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection	
4. API Number: <u>05-123-12258</u>		<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
6. Well Name: <u>Bounty</u> Number: <u>#1</u>		15.	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE 35 8N5W 6PM</u>		STEP 2: See instructions above.	
8. County: <u>Weld</u>			
9. Field Name: <u>Bounty #7470</u>			
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			

STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: <u>17</u> Fm:	Tubing: <u>200</u> Fm:	Prod. Casing: <u>200</u> Fm:	Intermediate Csg: <u>0</u>	Surface Casing: <u>0</u>
STEP 3: BRADENHEAD TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input 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					
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 checked="" type="checkbox"/> Other: (describe) <u>NONE</u>					
Sample cylinder number:					
Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
00:	<u>17</u>		<u>200</u>		<u>0</u>
05:	<u>17</u>		<u>200</u>		<u>0</u>
10:	<u>17</u>		<u>200</u>		<u>0</u>
15:	<u>17</u>		<u>200</u>		<u>0</u>
20:	<u>17</u>		<u>200</u>		<u>0</u>
25:	<u>17</u>		<u>200</u>		<u>0</u>
30:	<u>17</u>		<u>200</u>		<u>0</u>
Note instantaneous Bradenhead PSIG at end of test:					<u>&gt; 0</u>

STEP 4: INTERMEDIATE CASING TEST					
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> 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					
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:					
Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
00:					
05:					
10:					
15:					
20:					
25:					
30:					
Note instantaneous Intermediate Casing PSIG at end of test:					<u>&gt;</u>
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: Toddy Pivonka Title: Agent Phone: 970-590-5617

Signed: [Signature] Title: Agent Date: 12-10-19

WITNESSED BY: [Signature] Title: Pumpjack Agency: Timka