

Well

date+time

941-1015



# 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: <u>17320</u>		11. Date of Test: <u>12-7-19</u>	
2. Name of Operator: <u>CITY &amp; COUNTY OF DENVER</u>		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
3. BLM Lease No: _____		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
4. API Number: <u>05-001-06891</u>		<input type="checkbox"/> Clock/Intermitter	
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Plunger Lift	
6. Well Name: <u>CPC</u>		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
7. Location (Qtr, Sec, Twp, Rng, Meridian): _____			
8. County: <u>Denver Adams</u>			
9. Field Name: _____			
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			
14. STEP 1: EXISTING PRESSURES			
Record all pressures as found	Tubing: Fm: <u>JSND</u>	Tubing: Fm: _____	Prod. Casing: Fm: <u>JSND</u>
			Intermediate Csg: <u>0</u>
			Surface Casing: _____
15. STEP 2: See instructions above.			

16. STEP 3: BRADENHEAD TEST					
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: <u>JSND</u>	Fm: _____	Production Casing PSIG
		Tubing:	Tubing:		Intermediate Casing PSIG
		00:	<u>0</u>	<u>0</u>	<u>0</u>
		05:	<u>0</u>	<u>0</u>	<u>0</u>
		10:	<u>0</u>	<u>0</u>	<u>0</u>
		15:	<u>0</u>	<u>0</u>	<u>0</u>
		20:	<u>0</u>	<u>0</u>	<u>0</u>
		25:	<u>0</u>	<u>0</u>	<u>0</u>
		30:	<u>0</u>	<u>0</u>	<u>0</u>
		Note instantaneous Bradenhead PSIG at end of test: <u>&gt; 0.2</u>			

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?  
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black  
☐ Other: (describe) \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

17. 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	Elapsed Time (Min:Sec)	Fm: _____	Fm: _____	Production Casing PSIG
		Tubing:	Tubing:		Intermediate Casing PSIG
		00:			
		05:			
		10:			
		15:			
		20:			
		25:			
		30:			
		Note instantaneous Intermediate Casing PSIG at end of test: <u>&gt;</u>			

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?  
☐ Yes ☐ No ☐ Gas ☐ Liquid

Character of Intermediate fluid: ☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black  
☐ Other: (describe) \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

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: Russ Branting Title: TESTER Phone: 720-685-9014Signed: Russ Branting Title: \_\_\_\_\_ Date: 12-7-19

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_