

Well

date+time

737-910



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>17320</u>	11. Date of Test: <u>12-6-19</u>
2. Name of Operator: <u>CITY & 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>05-031-06422-00</u>	<input type="checkbox"/> Clock/Intermittent
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: <u>KALLSEN</u> Number: <u>6</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): <u>N 56 E 18 25 65 W</u>	15. STEP 2: See instructions above.
8. County: <u>DENVER</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: <u>260</u> Fm: <u>JSND</u>
Tubing: _____ Fm: _____	Prod. Casing: <u>260</u> Fm: <u>JSND</u>
Intermediate Csg: _____	Surface Casing: <u>0</u>

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
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:		00:	<u>260</u>	<u>260</u>	<u>0</u>
O = No Flow; C = Continuous; D = Down to 0; V = Vapor		05:	<u>260</u>	<u>260</u>	<u>0</u>
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		10:	<u>260</u>	<u>260</u>	<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		15:	<u>260</u>	<u>260</u>	<u>0</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		20:	<u>260</u>	<u>260</u>	<u>0</u>
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		25:	<u>260</u>	<u>260</u>	<u>0</u>
<input type="checkbox"/> Other: (describe) _____		30:	<u>260</u>	<u>260</u>	<u>0</u>
Sample cylinder number: _____		Note instantaneous Bradenhead PSIG at end of test: <u>> 0</u>			

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
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:		00:			
O = No Flow; C = Continuous; D = Down to 0; V = Vapor		05:			
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		10:			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		15:			
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		20:			
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		25:			
<input type="checkbox"/> Other: (describe) _____		30:			
Sample cylinder number: _____		Note instantaneous Intermediate Casing PSIG at end of test: <u>></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: RUSS BRANTING Title: TESTER Phone: 720-685-9014Signed: Russ Branting Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____