

Well

date+time

1104-1135



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>12-10-19</u>	
2. Name of Operator: <u>CITY & COUNTY OF DENVER</u>		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
4. API Number: <u>05-031-07627</u>		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Clock/Intermittent	
6. Well Name: <u>CPC</u>		<input type="checkbox"/> Plunger Lift	
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NESW 19 25 6SW</u>		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
8. County: <u>DENVER</u>		15. STEP 2: See instructions above.	
9. Field Name: <u>NESW 19 25 6SW</u>			
10. Minerals: <input checked="" 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: Fm: <u>ISND</u>	Tubing: Fm: <u>ISND</u>	Prod. Casing: Fm: <u>ISND</u>	Intermediate Csg: <u>0</u>	Surface Casing: <u>0</u>
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>ISND</u> Tubing:	Fm: Tubing:	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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00:	<u>0</u>		<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:	<u>0</u>		<u>0</u>
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 type="checkbox"/> Other: (describe)		10:	<u>0</u>		<u>0</u>
Sample cylinder number:		15:	<u>0</u>		<u>0</u>
		20:	<u>0</u>		<u>0</u>
		25:	<u>0</u>		<u>0</u>
		30:	<u>0</u>		<u>0</u>
Note instantaneous Bradenhead PSIG at end of test: <u>> 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		Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00:			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:			
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)		10:			
Sample cylinder number:		15:			
		20:			
		25:			
		30:			
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: KUSS BRANTING Title: TESTER Phone: 720-685-9014

Signed: Kuss Branting Title: Date: 12-10-19

WITNESSED BY: Title: Agency: