

Well

date+time 723-755

FORM 17 Rev 8/99

# State of Colorado Oil and Gas Conservation Commission



FOR OGCC USE ONLY

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

## 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: 17320  
 2. Name of Operator: CITY & COUNTY OF DENVER 3. BLM Lease No:  
 4. API Number: 05-031-08843-00 5. Multiple completion?  Yes  No  
 6. Well Name: DIA Number: 4-44  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): 4-25-65W  
 8. County: Denver 9. Field Name: SESE 4 25 65W  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 12-10-19  
 12. Well Status:  Flowing  Shut In  
 Gas Lift  Pumping  Injection  
 Clock/Intermitter  
 Plunger Lift  
 13. Number of Casing Strings:  
 Two  Three  Liner?

14. STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: <u>850</u> Fm: <u>JSND</u>	Tubing: _____ Fm: _____	Prod. Casing: <u>850</u> Fm: <u>JSND</u>	Intermediate Csg: _____	Surface Casing: <u>0</u>
-------------------------------	---------------------------------------	----------------------------	---------------------------------------------	-------------------------	--------------------------

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> Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
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>850</u>		<u>850</u>	<u>0</u>	<u>0</u>
	05:	<u>850</u>		<u>850</u>	<u>0</u>	<u>0</u>
	10:	<u>850</u>		<u>850</u>	<u>0</u>	<u>0</u>
	15:	<u>850</u>		<u>850</u>	<u>0</u>	<u>0</u>
	20:	<u>850</u>		<u>850</u>	<u>0</u>	<u>0</u>
	25:	<u>850</u>		<u>850</u>	<u>0</u>	<u>0</u>
30:	<u>850</u>		<u>850</u>	<u>0</u>	<u>0</u>	
Note instantaneous Bradenhead PSIG at end of test: <u>&gt; 0</u>						

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: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
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:					
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Intermediate Casing PSIG at end of test: <u>&gt;</u>						

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: 720-685-9014  
 Signed: Russ Branting Title: \_\_\_\_\_ Date: 12-10-19  
 WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_