

Well DIA 7-22

date+time: 12/10/19 10:12



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>12-10-19</u>	
2. Name of Operator: <u>City & County of Denver</u>		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
3. BLM Lease No: _____		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
4. API Number: <u>100000005-03</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>DIA 08842</u> Number: <u>7-22</u>		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
7. Location (Ctr, Qtr, Sec, Twp, Rng, Meridian): <u>Monito 7-25-08 64W 6PM</u>		14. STEP 1: EXISTING PRESSURES	
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		15. STEP 2: See instructions above.	
Record all pressures as found	Tubing: <u>5000</u> Fm: <u>480</u>	Prod. Casing: <u>5000</u> Fm: <u>480</u>	Intermediate Csg: <u>BH</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>FN</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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		Tubing:	Tubing:	Tubing:	Bradenhead Flow:
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		00:	<u>480</u>	<u>480</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) _____		05:	<u>480</u>	<u>480</u>	<u>0</u>
Sample cylinder number: _____		10:	<u>480</u>	<u>480</u>	<u>0</u>
		15:	<u>480</u>	<u>480</u>	<u>0</u>
		20:	<u>480</u>	<u>480</u>	<u>0</u>
		25:	<u>480</u>	<u>480</u>	<u>0</u>
		30:	<u>480</u>	<u>480</u>	<u>0</u>
Note instantaneous Bradenhead PSIG at end of test: >					

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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		Tubing:	Tubing:	Tubing:	Intermediate Flow:
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		00:			
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) _____		05:			
Sample cylinder number: _____		10:			
		15:			
		20:			
		25:			
		30:			
Note instantaneous Intermediate Casing PSIG at end of test: >					
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: BILL FARMER Title: Agent Phone: _____Signed: Bille Farmer Title: _____ Date: 12/10/19

WITNESSED BY: _____ Title: _____ Agency: _____