

FORM
17Rev
11/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

404067499

BRADENHEAD TEST REPORT

Step 1. Before opening any valves, record all tubing and casing pressures as found.

Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://ecmc/reg.html#/opguidance>

Step 3. Conduct Bradenhead test.

Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.

Step 5. Submit sample analytical results via Form 43.

1. ECMC Operator Number: 96850 3. BLM Lease No: _____

2. Name of Operator: TEP ROCKY MOUNTAIN LLC

4. API Number: 05-045-09969-00 5. Multiple completion? ☐ Yes ☐ No

6. Well Name: FEDERAL Number: RWF 341-19

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE,19,6S,94W,6

8. County GARFIELD 9. Field Name: RULISON

10. Minerals: ☐ Fee ☐ State ☒ Federal ☐ Indian

11. Date of Test: 01/22/2025

12. Well Status: ☐ Flowing
☐ Shut In ☐ Gas Lift
☐ Pumping ☐ Injection
☐ Clock/Intermitter
☒ Plunger Lift

13. Number of Casing Strings:
☒ Two ☐ Three ☐ Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: 138 Fm: _____	Tubing: _____ Fm: _____	Prod Csg 142 Fm: _____	Intermediate Csg: _____	Surf. Csg 343
-------------------------------	--------------------------	----------------------------	---------------------------	----------------------------	------------------

BRADENHEAD TEST

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.

Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Bradenhead Fluid" column: H = Water H₂O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	00:00	138		142		CONTINUOUS	GAS
BRADENHEAD SAMPLE TAKEN?	05:00	137		141		CONTINUOUS	GAS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	10:00	137		142		DOWN TO 0	GAS
Character of Bradenhead fluid:	15:00	139		144		NO FLOW	NONE
<input type="checkbox"/> Clear <input type="checkbox"/> Fresh	20:00	140		145		NO FLOW	NONE
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black	25:00	141		146		NO FLOW	NONE
Other:(describe)	30:00	139		144		NO FLOW	NONE
REQUIRED - Instantaneous Bradenhead Pressure at End of Test: 0 PSIG							

INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.

Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Intermediate Fluid" column: H = Water H₂O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	00:00						
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:00						
	10:00						
	15:00						
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____	20:00						
	25:00						
	30:00						
	REQUIRED - Instantaneous Intermediate Casing Pressure at End of Test: _____ PSIG						

Comments: TEP has initiated a diagnostic evaluation due to the threshold pressure exceedance.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: <u>Travis Price</u>	Title: <u>Inspector</u>	Phone: <u>(970) 270-4902</u>
Signed: <u>Scott Ghan</u>	Title: <u>Sr. Regulatory Specialist</u>	Date: <u>1/23/2025</u>
Witnessed By: _____	Title: _____	Agency: _____