

FORM  
17  
Rev  
6/99

State of Colorado

Energy & Carbon Management Commission

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Document Number:  
401723496

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 3 days and to ECMC 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. ECMC Operator Number: 10633 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC  
 4. API Number; 05-123-20498-00 5. Multiple completion?  Yes  No  
 6. Well Name: DAVIS Number: 31-9  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE,9,2N,66W,6  
 8. County WELD 9. Field Name: WATTENBERG  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 07/30/2018  
 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: <u>198</u> Fm: <u>JNBCD</u>	Tubing: _____ Fm: _____	Prod Csg <u>210</u> Fm: _____	Intermediate Csg: _____	Surf. Csg _____ 0
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BRADENHEAD TEST

Buried valve?  Yes  No  
 Confirmed open?  Yes  No  
 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

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	JNBCD 198	<input type="checkbox"/>	<input type="checkbox"/> 210		NO FLOW
05:00	JNBCD 200	<input type="checkbox"/>	<input type="checkbox"/> 212		NO FLOW
10:00	JNBCD 202	<input type="checkbox"/>	<input type="checkbox"/> 214		NO FLOW
15:00	JNBCD 203	<input type="checkbox"/>	<input type="checkbox"/> 215		NO FLOW
20:00	JNBCD 204	<input type="checkbox"/>	<input type="checkbox"/> 216		NO FLOW
25:00	JNBCD 205	<input type="checkbox"/>	<input type="checkbox"/> 217		NO FLOW
30:00	JNBCD 205	<input type="checkbox"/>	<input type="checkbox"/> 218		NO FLOW

BRADENHEAD SAMPLE TAKEN?  
 Yes  No  Gas  Liquid  
 Character of Bradenhead fluid:  Clear  Fresh  
 Sulfur  Salty  Black  
 Other:(describe) \_\_\_\_\_  
 Sample cylinder number: \_\_\_\_\_

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve?  Yes  No  
 Confirmed open?  Yes  No  
 With gauges monitoring production, intermediate 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

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INTERMEDIATE SAMPLE TAKEN?  
 Yes  No  Gas  Liquid  
 Character of Intermediate fluid:  Clear  Fresh  
 Sulfur  Salty  Black  
 Other:(describe) \_\_\_\_\_  
 Sample cylinder number: \_\_\_\_\_

Instantaneous Intermediate Casing PSIG at end of test: >

Comments: pre-plugging

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

Test Performed By: Corey Brey Title: Contractor Phone: (785) 213-9195

Signed: Renee Kendrick Title: Regulatory Coordinator Date: 8/2/2018

Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_