

State of Colorado  
Energy & Carbon Management Commission



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**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: 17320 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: CITY & COUNTY OF DENVER  
 4. API Number; 05-031-06418-00 5. Multiple completion?  Yes  No  
 6. Well Name: KALLSEN Number: 5  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW,18,2S,65W,6  
 8. County DENVER 9. Field Name: THIRD CREEK  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 12/04/2019  
 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>0</u> Fm: <u>JSND</u>	Tubing: _____ Fm: _____	Prod Csg <u>0</u> Fm: <u>JSND</u>	Intermediate _____ Csg: _____	Surf. Csg _____ _____ <u>0</u>
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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

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

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0	0	NO FLOW
05:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0	0	NO FLOW
10:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0	0	NO FLOW
15:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0	0	NO FLOW
20:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0	0	NO FLOW
25:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0	0	NO FLOW
30:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0	0	NO FLOW

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

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

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"/>		

Instantaneous Intermediate Casing PSIG at end of test: >

Comments: Form 42 Doc 402250931

I hereby certify all 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: Julie Branting Title: Agent Date: 12/28/2019

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