

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
Document Number: <u>400051678</u>			

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 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>46290</u>	3. BLM Lease No: _____	11. Date of Test: <u>03/29/2010</u>
2. Name of Operator: <u>K P KAUFFMAN COMPANY INC</u>		12. Well Status: <input type="checkbox"/> Flowing
4. API Number; <u>05-123-07680-00</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift
6. Well Name: <u>FERN MILLER WIKSTRAND</u>	Number: <u>2</u>	<input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNW,4,1N,67W,6</u>		<input type="checkbox"/> Clock/Intermitter
8. County <u>WELD</u>	9. Field Name: <u>SPINDLE</u>	<input type="checkbox"/> Plunger Lift
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings:
		<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?

14. EXISTING PRESSURES					
Record all pressures as found	Tubing: _____ Fm: <u>SUSX</u>	Tubing: _____ Fm: <u>SUSX</u>	Prod Csg <u>0</u> Fm: <u>SUSX</u>	Intermediate Csg: _____	Surf. Csg <u>0</u>

BRADENHEAD TEST							
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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			0		O
		05:00					O
		10:00					O
		15:00					O
		20:00					O
		25:00					O
		30:00					O
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____ Sample cylinder number: _____							
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>							

INTERMEDIATE CASING TEST							
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid 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) _____ Sample cylinder number: _____							
Instantaneous Intermediate Casing PSIG at end of test: >							

Comments: WEIL MIT

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

Test Performed By: Roy D Teter Title: VP Production Phone: (303) 833-3251

Signed: Sherry Glass Title: Engineering Technician Date: 4/1/2010

Witnessed By: _____ Title: _____ Agency: _____