



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: 18600 3. BLM Lease No: _____

2. Name of Operator: COLORADO INTERSTATE GAS COMPANY

4. API Number; 05-087-05931-00 5. Multiple completion? ☐ Yes ☐ No

6. Well Name: FORT MORGAN UNIT Number: 16

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW,25,3N,58W,6

8. County MORGAN 9. Field Name: FORT MORGAN

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

11. Date of Test:	<u>10/15/2009</u>		
12. Well Status:	<input type="checkbox"/>	Flowing	
<input checked="" type="checkbox"/>	Shut In	<input type="checkbox"/>	Gas Lift
<input type="checkbox"/>	Pumping	<input type="checkbox"/>	Injection
<input type="checkbox"/>	Clock/Intermittent		
<input type="checkbox"/>	Plunger Lift		
13. Number of Casing Strings:			
<input type="checkbox"/>	Two	<input type="checkbox"/>	Three
<input type="checkbox"/>	Liner?		

14. EXISTING PRESSURES

Record all pressures as found	Tubing: _____	Tubing: _____	Prod Csg _____	Intermediate	Surf. Csg
	Fm: _____	Fm: _____	Fm: _____	Csg: _____	_____

BRADENHEAD TEST

Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
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						
BRADENHEAD SAMPLE TAKEN?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" 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:						
	30:	DSND 1763		21		G
Instantaneous Bradenhead PSIG at end of test: > <u>3</u>						

INTERMEDIATE CASING TEST

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
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 H ₂ O; M = Mud; W = Whisper; S = Surge; G = Gas						
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:

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

Test Performed By: _____ Title: _____ Phone: (970) 867-4243

Signed: KEVIN LIVELY Title: SUPERVISOR Date: 10/16/2009

Witnessed By: _____ Title: Supervisor Agency: Colorado Interstate