

FORM
17Rev
6/99State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

17777103

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: 26625 3. BLM Lease No: _____
 2. Name of Operator: ELM RIDGE EXPLORATION CO LLC
 4. API Number; 05-067-08426-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: CRIEGLER UTE FT Number: 1
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE,21,33N,8W,N
 8. County LA PLATA 9. Field Name: IGNACIO BLANCO
 10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 10/23/2007

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: _____ Fm: _____	Tubing: <u>59</u> Fm: _____	Prod Csg <u>102</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>0</u>
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BRADENHEAD TEST

Buried valve? ☐ Yes ☒ NoConfirmed 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 ☐ LiquidCharacter 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		59	102		D
10:00		59	102		D
15:00		59	102		D

Instantaneous Bradenhead PSIG at end of test: > _____

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ NoConfirmed 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 ☐ LiquidCharacter 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:

Instantaneous Intermediate Casing PSIG at end of test: > _____

Comments: NO FLOW NO PSI END TEST

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: () 759-3452 _____

Signed: BELINDA MARTINEZ Title: DATA ENTRY TEMP Date: 4/9/2009

Witnessed By: _____ Title: _____ Agency: _____

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14. EXISTING PRESSURES

Record all pressures as found	Tubing: _____	Tubing: <u>59</u>	Prod Csg <u>102</u>	Intermediate	Surf. Csg
	Fm: _____	Fm: _____	Fm: _____	Csg: _____	

BRADENHEAD TEST

Buried valve? ☐ Yes ☒ No

Confirmed open? ☒ Yes ☐ No

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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		59	102		D
10:00		59	102		D
15:00		59	102		D

Instantaneous Bradenhead PSIG at end of test: > _____

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ No

Confirmed open? ☐ Yes ☐ No

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Character of Intermediate fluid: ☐ Clear ☐ Fresh

☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: _____ Instantaneous Intermediate Casing PSIG at end of test: >

Comments: NO FLOW NO PSI END TEST

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: () 759-3452

Signed: BELINDA MARTINEZ Title: DATA ENTRY TEMP Date: 4/9/2009

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