

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: 2607229			

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>100322</u>	3. BLM Lease No: _____	11. Date of Test: <u>08/07/2009</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>		12. Well Status: <input type="checkbox"/> Flowing
4. API Number; <u>05-123-25587-00</u>	5. Multiple completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift
6. Well Name: <u>WCLI USX S</u>	Number: <u>33-16</u>	<input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE,33,4N,68W,6</u>		<input type="checkbox"/> Clock/Intermitter
8. County <u>WELD</u>	9. Field Name: <u>WATTENBERG</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: _____	Tubing: _____ Fm: _____	Prod Csg <u>2200</u> Fm: <u>NB-CD</u>	Intermediate Csg: _____	Surf. Csg _____ <u>0</u>
-------------------------------	----------------------------	----------------------------	--	----------------------------	-----------------------------

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			2200		O
05:00			2200		O
10:00			2200		O
15:00			2200		O
20:00			2200		O
25:00			2200		O
30:00			2200		O

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:

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:

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

Test Performed By: Kurt Schiller Title: Production Foreman Phone: (970) 302-1379

Signed: Kurt Schiller Title: Production Foreman Date: 6/15/2010

Witnessed By: _____ Title: _____ Agency: _____