

**State of Colorado  
Oil and Gas Conservation 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 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: 66561      3. BLM Lease No: COC 66918  
 2. Name of Operator: OXY USA INC  
 4. API Number; 05-077-09659-00      5. Multiple completion?     Yes     No  
 6. Well Name: HELLS GULCH FEDERAL      Number: 23-13A  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW,26,8S,92W,6  
 8. County MESA      9. Field Name: ALKALI CREEK  
 10. Minerals:     Fee     State     Federal     Indian

11. Date of Test: 08/25/2015  
 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>280</u><br>Fm: <u>WFCM</u> | Tubing: _____<br>Fm: _____ | Prod Csg <u>290</u><br>Fm: <u>WFCM</u> | Intermediate Csg: _____ | Surf. Csg <u>162</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                  | WFCM 280   | <input type="checkbox"/> | <input type="checkbox"/> 290 |                     | G                |
| 05:00                  | WFCM 280   | <input type="checkbox"/> | <input type="checkbox"/> 290 |                     | H                |
| 10:00                  | WFCM 280   | <input type="checkbox"/> | <input type="checkbox"/> 290 |                     | H                |
| 15:00                  | WFCM 281   | <input type="checkbox"/> | <input type="checkbox"/> 290 |                     | H                |
| 20:00                  | WFCM 281   | <input type="checkbox"/> | <input type="checkbox"/> 290 |                     | D                |
| 25:00                  | WFCM 281   | <input type="checkbox"/> | <input type="checkbox"/> 290 |                     | D                |
| 30:00                  | WFCM 281   | <input type="checkbox"/> | <input type="checkbox"/> 290 |                     | D                |

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: |
|------------------------|--------------------------|--------------------------|--------------------------|---------------------|------------------|
|                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |                  |
|                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |                  |
|                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |                  |
|                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |                  |
|                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |                  |
|                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |                  |
|                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |                  |

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: Devin Smith Title: Production Tech Phone: (970) 250-7302

Signed: Joan Proulx Title: Regulatory Date: 8/25/2015

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