

FORM
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State of Colorado Oil and Gas Conservation Commission

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Document Number:

401031933

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: 10516 3. BLM Lease No: _____
2. Name of Operator: LINN OPERATING INC
4. API Number: 05-045-11037-00 5. Multiple completion? ☐ Yes ☒ No
6. Well Name: CHEVRON Number: 18-434D
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW,20,6S,96W,6
8. County GARFIELD 9. Field Name: GRAND VALLEY
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 04/14/2016

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: 248 Fm: WMFK	Tubing: _____ Fm: _____	Prod Csg 470 Fm: WMFK	Intermediate Csg: _____	Surf. Csg 10
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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) N/A (Gas)

Sample cylinder number: 1416

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	WMFK 248	<input type="checkbox"/>	<input type="checkbox"/> 470		O
05:00	WMFK 248	<input type="checkbox"/>	<input type="checkbox"/> 471		V
10:00	WMFK 248	<input type="checkbox"/>	<input type="checkbox"/> 471		O
15:00	WMFK 248	<input type="checkbox"/>	<input type="checkbox"/> 471		O
20:00	WMFK 248	<input type="checkbox"/>	<input type="checkbox"/> 471		O
25:00	WMFK 248	<input type="checkbox"/>	<input type="checkbox"/> 471		O
30:00	WMFK 248	<input type="checkbox"/>	<input type="checkbox"/> 471		O

Instantaneous Bradenhead PSIG at end of test: > 0

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: _____

Instantaneous Intermediate Casing PSIG at end of test: >

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"/>		

Comments:

-00:00 Elapsed Time: Shut-In Bradenhead
-BH pressure dead within 1 minute of opening to atmosphere
-Gas continued to percolate from conductor during test
-Gas still percolating 30 minutes after test

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

Test Performed By: Brent White Title: Production Foreman Phone: (970) 948-2177

Signed: Michael Foster Title: Regulatory Specialist II Date: 4/20/2016

Witnessed By: Michael Longworth Title: Field Inspector Agency: COGCC