

812-845

FOR DGCC USE ONLY

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

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 6. Send report to BLM within 30 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>17320</u>		2. Name of Operator: <u>CITY & COUNTY OF DENVER</u>		3. BLM Lease No: _____	
4. API Number: <u>05-001-06732-00</u>		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6. Well Name: <u>Box Elder</u>		Number: <u>1-1</u>			
7. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>N/WSW 32 15 6SW</u>					
8. County: <u>Adams</u>		9. Field Name: _____			
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian					
STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing:	Tubing:	Prod. Casing:	Intermediate Csg:	Surface Casing:
	Fm: _____	Fm: <u>20</u> <u>JSND</u>	Fm: _____	<u>20</u>	<u>Ø</u>

11. Date of Test: <u>12-9-19</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 checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
15. STEP 2: See instructions above.

STEP 3: BRADENHEAD TEST																																																											
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 H ₂ O; M = Mud; W = Whisper; S = Surge; G = Gas																																																											
BRADENHEAD SAMPLE TAKEN?		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Elapsed Time (Min:Sec)</th> <th style="width: 15%;">Fm: <u>JSMD</u> Tubing:</th> <th style="width: 15%;">Fm: _____ Tubing:</th> <th style="width: 15%;">Production Casing PSIG</th> <th style="width: 15%;">Intermediate Casing PSIG</th> <th style="width: 15%;">Bradenhead Flow:</th> </tr> </thead> <tbody> <tr> <td>00:</td> <td>20</td> <td></td> <td>20</td> <td>0</td> <td>0</td> </tr> <tr> <td>05:</td> <td>20</td> <td></td> <td>20</td> <td>0</td> <td>0</td> </tr> <tr> <td>10:</td> <td>20</td> <td></td> <td>20</td> <td>0</td> <td>0</td> </tr> <tr> <td>15:</td> <td>20</td> <td></td> <td>20</td> <td>0</td> <td>0</td> </tr> <tr> <td>20:</td> <td>20</td> <td></td> <td>20</td> <td>0</td> <td>0</td> </tr> <tr> <td>25:</td> <td>20</td> <td></td> <td>20</td> <td>0</td> <td>0</td> </tr> <tr> <td>30:</td> <td>20</td> <td></td> <td>20</td> <td>0</td> <td>0</td> </tr> <tr> <td colspan="6" style="padding: 5px; text-align: right;"> Note instantaneous Bradenhead PSIG at end of test: <u>20.1</u> </td> </tr> </tbody> </table>				Elapsed Time (Min:Sec)	Fm: <u>JSMD</u> Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:	00:	20		20	0	0	05:	20		20	0	0	10:	20		20	0	0	15:	20		20	0	0	20:	20		20	0	0	25:	20		20	0	0	30:	20		20	0	0	Note instantaneous Bradenhead PSIG at end of test: <u>20.1</u>					
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 <input type="checkbox"/> Other: (describe) _____																																																											
Sample cylinder number: _____																																																											

STEP 4: INTERMEDIATE CASING TEST							
17. Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
With gauges monitoring production 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		00:					
		05:					
		10:					
		15:					
		20:					
		25:					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:					
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____		Note instantaneous Intermediate Casing PSIG at end of test: >					
Sample cylinder number: _____							
18. Comments: _____ _____ _____ _____							

19. **STEP 5:** See instructions above.

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

Test Performed by: Russ Brewins Title: Tester Phone: 720-685-9019

Signed: Kenn Banting Title: _____ Date: 12-9-19

WITNESSED BY: _____ Title: _____ Agency: _____