

date & time 857- 931

FOR OGCC USE ONLY

- 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 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>		3. BLM Lease No:	
2. Name of Operator: <u>City &amp; Co of Denver</u>		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. API Number: <u>15-031-06442</u>		Number: <u>125-B2</u>	
6. Well Name: <u>CPC 125-B2</u>		7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SW/4W 19 25 GSW</u>	
8. County: <u>Denver</u>		9. Field Name:	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			
14. <b>STEP 1: EXISTING PRESSURES</b>			
Record all pressures as found	Tubing: <u>10</u> Fm: <u>JSND</u>	Tubing: Fm:	Prod. Casing: <u>0</u> Fm: <u>TSND</u>
			Intermediate Csg: Surface Casing: <u>0</u>

11. Date of Test: <u>12-4-19</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/Intermitter <input type="checkbox"/> Plunger Lift
13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
15. <b>STEP 2: See instructions above.</b>

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		Elapsed Time (Min:Sec)	Fm: <u>JSN</u> Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
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 <sub>2</sub> O;   M = Mud;   W = Whimper;   S = Surge;   G = Gas		00:	10		Ø	0	0
		05:	10		Ø	0	0
		10:	10		Ø	0	0
		15:	10		Ø	0	0
		20:	10		Ø	0	0
		25:	10		Ø	0	0
BRADENHEAD SAMPLE TAKEN?		30:	10		Ø	0	0
<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 checked="" type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____		Note instantaneous Bradenhead PSIG at end of test:    > 0					
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:					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		20:					
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) _____		25:					
Sample cylinder number: _____		30:					
		Note instantaneous Intermediate Casing PSIG at end of test:    >					
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.

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_