

well Kallisen 5

date+time 1103 - 1140

FORM 17 Rev 8/99

State of Colorado Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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 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:		11. Date of Test: <u>12-9-19</u>
2. Name of Operator: <u>City & Co of Denver</u>		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In
4. API Number: <u>05-031-06418</u>		6. Well Name: <u>Kallisen</u> Number: <u>5</u>		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NE 1/4 18 25 65W</u>		8. County: <u>Denver</u>		<input type="checkbox"/> Clock/Intermitter
9. Field Name:		10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		<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.		

14. STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: Fm: <u>JSND</u>	Tubing: Fm:	Prod. Casing: Fm: <u>JSND</u>	Intermediate Csg: Fm:	Surface Casing: Fm:
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16. STEP 3: 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

BRADENHEAD SAMPLE TAKEN? ☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Fresh ☐ Sulfur ☐ Salty ☐ Black ☐ Other: (describe)

Sample cylinder number:

Elapsed Time (Min:Sec)	Fm: <u>JSND</u> Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
00:	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>
05:	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>
10:	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>
15:	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>
20:	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>
25:	<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>
30:	<u>6</u>		<u>6</u>	<u>0</u>	<u>0</u>

Note instantaneous Bradenhead PSIG at end of test: > 0

17. STEP 4: INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ No Confirmed open? ☐ Yes ☐ No

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

INTERMEDIATE SAMPLE TAKEN? ☐ Yes ☐ No ☐ Gas ☐ Liquid

Character of Intermediate fluid: ☐ Clear ☐ Fresh ☐ Sulfur ☐ Salty ☐ Black ☐ Other: (describe)

Sample cylinder number:

Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
00:					
05:					
10:					
15:					
20:					
25:					
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.

Test Performed by: Russ Brantley Title: Tester Phone: 720-685-9014

Signed: Russ Brantley Title: Date: 12-9-19

WITNESSED BY: Title: Agency: