

well Kallsen 8

date + time 1020 - 1055

FORM
17
Rev 6/99State 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>		11. Date of Test: <u>12-8-19</u>	
2. Name of Operator: <u>City of Denver</u>		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
3. BLM Lease No:		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
4. API Number: <u>05-031-06434</u>		<input type="checkbox"/> Clock/Intermittent	
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Plunger Lift	
6. Well Name: <u>Kallsen</u>		13. Number of Casing Strings:	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSW 18 25 4SW</u>		<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
8. County: <u>Denver</u>		14. STEP 1: EXISTING PRESSURES	
9. Field Name:		15. STEP 2: See instructions above.	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			
Record all pressures as found	Tubing: <u>435</u> Fm: <u>JSND</u>	Tubing: <u>435</u> Fm: <u>JSND</u>	Intermediate Csg: <u>435</u> Fm: <u>JSND</u>
			Surface Casing: <u>4</u>

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 H2O; M = Mud; W = Whisper; S = Surge; G = Gas BRADENHEAD SAMPLE TAKEN? <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:	Elapsed Time (Min:Sec)	Fm: <u>JSND</u>	Fm: <u>JSND</u>	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
	00:	<u>435</u>	<u>0</u>	<u>435</u>	<u>0</u>	<u>0</u>
	05:	<u>435</u>		<u>435</u>	<u>0</u>	<u>0</u>
	10:	<u>435</u>		<u>435</u>	<u>0</u>	<u>0</u>
	15:	<u>435</u>		<u>435</u>	<u>0</u>	<u>0</u>
	20:	<u>435</u>		<u>435</u>	<u>0</u>	<u>0</u>
	25:	<u>435</u>		<u>435</u>	<u>0</u>	<u>0</u>
30:	<u>435</u>		<u>435</u>	<u>0</u>	<u>0</u>	
Note instantaneous Bradenhead PSIG at end of test: <u>> 0</u>						

STEP 4: INTERMEDIATE CASING 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid 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) Sample cylinder number:	Elapsed Time (Min:Sec)	Fm: <u>JSND</u>	Fm: <u>JSND</u>	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Intermediate Casing PSIG at end of test: <u>></u>						
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 Branting Title: TESTER Phone: 720-685-9014Signed: Russ Branting Title: Date: 12-8-19

WITNESSED BY: Title: Agency: