

State of Colorado
Oil and Gas Conservation Commission

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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: 10672 3. BLM Lease No: _____
 2. Name of Operator: TIMBER CREEK OPERATING LLC
 4. API Number; 05-071-08717-00 5. Multiple completion? Yes No
 6. Well Name: GOLDEN EAGLE Number: 19-15
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE,19,33S,67W,6
 8. County LAS ANIMAS 9. Field Name: PURGATOIRE RIVER
 10. Minerals: Fee State Federal Indian

11. Date of Test: 02/19/2020
 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: _____ Fm: _____	Tubing: _____ Fm: _____	Prod Csg _____ Fm: _____	Intermediate _____ Csg: _____	Surf. Csg _____ _____
	0		0		0

BRADENHEAD TEST						
Buried valve? <input type="checkbox"/> Yes <input checked="" 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	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	00:00	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/> 0	
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) Sample cylinder number: _____	05:00	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	10:00	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	15:00	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	20:00	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	25:00	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	30:00	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

INTERMEDIATE CASING TEST						
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) Sample cylinder number: _____	05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	30:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Instantaneous Intermediate Casing PSIG at end of test: >						

Comments:

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

Test Performed By: Mike Messemer Title: Automation Specialist Phone: (719) 8593686

Signed: Lindsey Rasmussen Title: Petroleum Engineer Date: 2/26/2020

Witnessed By: _____ Title: _____ Agency: _____