

Well DIA 12-44

date+time:

12/10/19 11:31



State of Colorado Oil and Gas Conservation Commission

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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>12-10-19</u>	
2. Name of Operator: <u>City & County of Denver</u>		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
4. API Number: <u>05-031-08837</u>		12. Well Status: <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
6. Well Name: <u>DIA</u>		<input type="checkbox"/> Clock/Intermittent	
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>SESE 12-25-165W 16PM</u>		<input type="checkbox"/> Plunger Lift	
8. County: <u>Denver</u>		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
9. Field Name: <u>12-44</u>		15. <u>STEP 2: See instructions above.</u>	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			
14. STEP 1: EXISTING PRESSURES			
Record all pressures as found	Tubing: <u>300</u> Fm: <u>JSND</u>	Prod. Casing: <u>300</u> Fm: <u>JSND</u>	Intermediate Csg: <u>13H</u>

15. 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)			
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		Fm: <u>JSND</u>	Fm: <u>JSND</u>	Production Casing PSIG	Intermediate Casing PSIG
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Tubing:	Tubing:		Bradenhead Flow:
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) _____		00:	00:	300	0
Sample cylinder number: _____		05:	05:	300	0
		10:	10:	300	0
		15:	15:	300	0
		20:	20:	300	0
		25:	25:	300	0
		30:	30:	300	0
Note instantaneous Bradenhead PSIG at end of test: >					

17. STEP 4: INTERMEDIATE CASING TEST					
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min:Sec)			
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		Fm: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Tubing:	Tubing:		Intermediate Flow:
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) _____		00:	00:		
Sample cylinder number: _____		05:	05:		
		10:	10:		
		15:	15:		
		20:	20:		
		25:	25:		
		30:	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: BILL FARMER Title: Agent Phone: _____Signed: Dee Farmer Title: _____ Date: 12/10/19

WITNESSED BY: _____ Title: _____ Agency: _____