



FOR OFFICE USE ONLY

BRADENHEAD TEST REPORT

- Step 1. Record of 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 BUM 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>10518</u> 2. Name of Operator: <u>CONVENIENCE JT LLC</u> 3. BLM Lease No: <u>NA</u> 4. API Number: <u>05-03-50084-00</u> 5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6. Well Name: <u>JUAY</u> Number: <u>3-4</u> 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>S4SW SEC 34 T19N R6SW</u> 8. County: <u>WELD</u> 9. Field Name: <u>WATERMORG</u> 10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian						11. Date of Test: <u>6/14/20</u> 12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Cyclic/Intermittent <input type="checkbox"/> Plunger Lift 13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
14. STEP 1: EXISTING PRESSURES						15. STEP 2: See instructions above.	
Record all pressures as found		Tubing: <u>115 PSIG</u> Fm: <u>1530</u>	Tubing: <u>NA</u> Fm:	Prod. Casing: <u>85 PSIG</u> Fm: <u>1530</u>	Intermediate Casing: <u>NA</u>	Surface Casing: <u>VACUUM</u>	

16.		STEP 3: BRADENHEAD TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min Sec)	Fm: <u>11:50</u> Tubing:	Fm: <u> </u> Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
<p>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:</p> <p>O = No Flow; C = Continuous; D = Down to O; V = Vapor H = Water H₂O; M = Mud; W = Whimper; S = Surge; G = Gas</p>		00:	<u>11.5</u>	<u>NA</u>	<u>85</u>	<u>NA</u>	<u>D</u>
		05:	<u>11.5</u>	<u>NA</u>	<u>85</u>	<u>NA</u>	<u>O</u>
		10:	<u>11.5</u>	<u>NA</u>	<u>85</u>	<u>NA</u>	<u>O</u>
		15:	<u>11.5</u>	<u>NA</u>	<u>85</u>	<u>NA</u>	<u>O</u>
		20:	<u>11.5</u>	<u>NA</u>	<u>85</u>	<u>NA</u>	<u>O</u>
		25:	<u>11.5</u>	<u>NA</u>	<u>85</u>	<u>NA</u>	<u>O</u>
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:							
		Note instantaneous Bradenhead PSIG at end of test: <u>></u> <u>O</u>					

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 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 H ₂ O; M = Mud; W = Whisper; S = Surge; G = Gas		Elapsed Time (Min/Sec)	Fm. Tubing	Fm. Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
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) _____		00:					
		05:					
		10:					
		15:					
		20:					
		25:					
		30:					
Sample cylinder number:		Note instantaneous intermediate casing PSIG at end of test: >					
18. Comments: <u>SPRINGERHEAD VACUUM RACED TO 0 PSI IN 15 SECONDS</u> <u>PUMPING UNIT DOWN.</u>							

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: KAS WEITZEL Title: SR OPS MGR Phone: 970-481-8730

Signed: [Signature] Title: _____ Date: 6/4/20

WITNESSED BY: _____ Title: _____ Agency: _____