

FORM
17Rev
6/99State of Colorado
Oil and Gas Conservation Commission

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DE ET OE ES

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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: 72400 3. BLM Lease No: _____
 2. Name of Operator: PUBLIC SERVICE COMPANY OF COLORADO
 4. API Number; 05-087-07441-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: STORAGE UNIT Number: 2
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW,26,2N,60W,6
 8. County MORGAN 9. Field Name: ROUNDUP
 10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 08/03/2020

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: 0 Fm: JSND	Tubing: _____ Fm: _____	Prod Csg 0 Fm: JSND	Intermediate Csg: _____	Surf. Csg 15
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BRADENHEAD TEST

Buried valve? ☒ Yes ☐ NoConfirmed 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: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0		W
05:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
10:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
15:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
20:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
25:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O
30:00	JSND 0	<input type="checkbox"/>	<input type="checkbox"/> 0		O

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ NoConfirmed open? ☐ Yes ☐ 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

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:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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: The surface casing had 15 psi at the start of the test, blew down to 0 in 5 seconds and had no pressure or flow for the rest of the test.

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

Test Performed By: Jeff Schneider Title: Consultnat Phone: (970) 381-9588

Signed: Jeff Schneider Title: Consultant Date: 8/4/2020

Witnessed By: Kym Schure Title: Inspector Agency: COGCC