

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
Document Number: 402521821			

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: 47120 3. BLM Lease No: _____

2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

4. API Number; 05-069-06514-00 5. Multiple completion? ☐ Yes ☐ No

6. Well Name: JODSTER NORTH Number: 25-4HZ

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE,25,5N,68W,6

8. County LARIMER 9. Field Name: WATTENBERG

10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 10/28/2020

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: _____	Tubing: _____	Prod Csg <u>1</u>	Intermediate	Surf. Csg
	Fm: _____	Fm: _____	Fm: _____	Csg: _____	<u>0</u>

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:
	00:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u>		NO FLOW
	05:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u>		NO FLOW
	10:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u>		NO FLOW
	15:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u>		NO FLOW
	20:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u>		NO FLOW
	25:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u>		NO FLOW
	30:00	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u>		NO FLOW
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 Other:(describe) _____ Sample cylinder number: _____						
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:
	00:00	<input type="checkbox"/>	<input type="checkbox"/>			
	05:00	<input type="checkbox"/>	<input type="checkbox"/>			
	10:00	<input type="checkbox"/>	<input type="checkbox"/>			
	15:00	<input type="checkbox"/>	<input type="checkbox"/>			
	20:00	<input type="checkbox"/>	<input type="checkbox"/>			
	25:00	<input type="checkbox"/>	<input type="checkbox"/>			
	30:00	<input type="checkbox"/>	<input type="checkbox"/>			
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 Other:(describe) _____ Sample cylinder number: _____						
Instantaneous Intermediate Casing PSIG at end of test: >						

Comments: No Tubing Installed. Surface Casing produced no liquid.

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

Test Performed By: JUSTIN LEE Title: _____ Phone: (970) 7681583

Signed: JUSTIN LEE Title: BRADENHEAD OPS Date: 10/29/2020

Witnessed By: _____ Title: _____ Agency: _____