

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

BRADENHEAD TEST REPORT

- Step 1. Before opening any valves, record all tubing and casing pressures as found.
- Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://cogcc/reg.html#/opguidance>
- Step 3. Conduct Bradenhead test.
- Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.
- Step 5. Submit sample analytical results via Form 43.

1. OGCC Operator Number: _____ 3. BLM Lease No: C-03842

2. Name of Operator: _____

4. API Number: 05-045-06661 5. Multiple completion? Yes No

6. Well Name: QUINOCO FEDERAL Number: 30-12

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW SW 36.30, 75, 104W

8. County: GARFIELD 9. Field Name: PRAIRIE CANYON

10. Minerals: Fee State Federal Indian

11. Date of Test: 5/10/22

12. Well Status: Flowing Shut In Gas Lift Pumping Injection Clock/Intermittent Plunger Lift

13. Number of Casing Strings: Two Three Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: <u>90</u> Fm: _____	Tubing: _____ Fm: _____	Prod Csg <u>90</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>0</u>
-------------------------------	--------------------------------	----------------------------	---------------------------------	-------------------------	--------------------

BRADENHEAD TEST

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.
Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper
Describe fluid type in "Bradenhead Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
0	<input type="checkbox"/> 90	<input type="checkbox"/>	<input type="checkbox"/> 90		O	N
5	<input type="checkbox"/> 90	<input type="checkbox"/>	<input type="checkbox"/> 90		O	N
10	<input type="checkbox"/> 90	<input type="checkbox"/>	<input type="checkbox"/> 90		O	N
15	<input type="checkbox"/> 90	<input type="checkbox"/>	<input type="checkbox"/> 90		O	N
20	<input type="checkbox"/> 90	<input type="checkbox"/>	<input type="checkbox"/> 90		O	N
25	<input type="checkbox"/> 90	<input type="checkbox"/>	<input type="checkbox"/> 90		O	N
30	<input type="checkbox"/> 90	<input type="checkbox"/>	<input type="checkbox"/> 90		O	N
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.

Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Intermediate Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

Buried valve? Yes No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Confirmed open? Yes No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INTERMEDIATE SAMPLE TAKEN? Yes No Gas Liquid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Character of Intermediate fluid: Clear Fresh Sulfur Salty Black Other:(describe)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<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 BARNES Title: _____ Phone: (1970-986-7517)

Signed: Mike Barnes Title: _____ Date: 5/10/2022

Witnessed By: _____ Title: _____ Agency: _____