

State of Colorado
Oil and Gas Conservation Commission

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



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>74290</u>	11. Date of Test: <u>3-21-24</u>
2. Name of Operator: <u>Retenec Operator</u>	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
3. BLM Lease No: _____	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
4. API Number: <u>05-103-08377</u>	<input type="checkbox"/> Clock/Intermittent
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: <u>Philadelphia Creek</u> Number: <u>#31</u>	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NWSE Sec 2 T2S R10W</u>	
8. County: <u>Rio Blanco</u>	
9. Field Name: <u>Philadelphia Creek</u>	
10. Minerals: <input 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: _____
Fm: <u>55</u>	Prod. Casing: _____
Fm: _____	Intermediate Csg: _____
Fm: <u>170</u>	Surface Casing: _____
Fm: _____	15. _____
Fm: _____	STEP 2: See instructions above.

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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
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	00:					
	12:47	55		170		00
	05:					
	12:52	55		170		0
	10:					
	12:57	55		170		0
	15:					
13:02	55		170		0	
20:						
13:07	55		170		0	
25:						
13:12	55		170		0	
30:						
13:17	55		170		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)	Fm: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
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	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
	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: Tim Ewell Title: Contractor Phone: 435-823-1220Signed: [Signature] Title: _____ Date: 3-21-24

WITNESSED BY: _____ Title: _____ Agency: _____