

From: [Katie Hamby](#)
To: michael.hickey@state.co.us; [Diane McCoy - DNR](#); [Abrams - DNR, Deborah](#)
Cc: [Derek Clark](#); [Regulatory](#); [Wolfe - DNR, Stephen](#); [DL Bradenhead](#)
Subject: Mais 1-35 OWP Bradenhead Pre-PA Test
Date: Wednesday, November 13, 2024 12:33:52 PM
Attachments: [Mais 1-35 \(OWP\).pdf](#)
[image001.png](#)

All,

Attached is the Bradenhead Pre-PA test for the Mais 1-35 OWP (05-123-19817).

Thank you,

Katie Hamby
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FORM
17
Rev
11/20

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: 70385 3. BLM Lease No: _____
 2. Name of Operator: SMITH ENERGY CORP - 70385
 4. API Number; 05-123-19817 5. Multiple completion? Yes No
 6. Well Name: MAIS Number: 1-35
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW 35 8N56W 6
 8. County WELD #123 9. Field Name: WHITE BUTTE - #92796
 10. Minerals: Fee State Federal Indian

11. Date of Test: 11/13/24
 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: _____ Fm: _____	Tubing: <u>325</u> Fm: _____	Prod Csg <u>85</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>0</u>
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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

Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
	00:00	<input type="checkbox"/> 325	<input type="checkbox"/>	<input type="checkbox"/> 85		O	N
BRADENHEAD SAMPLE TAKEN?	05:00	<input type="checkbox"/> 325	<input type="checkbox"/>	<input type="checkbox"/> 85		O	N
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	10:00	<input type="checkbox"/> 325	<input type="checkbox"/>	<input type="checkbox"/> 85		O	N
Character of Bradenhead fluid:	15:00	<input type="checkbox"/> 325	<input type="checkbox"/>	<input type="checkbox"/> 85		O	N
<input type="checkbox"/> Clear <input type="checkbox"/> Fresh	20:00	<input type="checkbox"/> 325	<input type="checkbox"/>	<input type="checkbox"/> 85		O	N
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black	25:00	<input type="checkbox"/> 325	<input type="checkbox"/>	<input type="checkbox"/> 85		O	N
Other:(describe)	30:00	<input type="checkbox"/> 325	<input type="checkbox"/>	<input type="checkbox"/> 85		O	N
Gas	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? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
	00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	05:00	<input type="checkbox"/>	<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	10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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) _____	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: **Pre - PA bradenhead test, OWP well.**
Surface Casing valve dug up by hand to verify and access for testing.

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

Test Performed By: Trevor Johnson Title: Technician Phone: () 307-679-4079
 Signed: _____ Title: _____ Date: _____
 Witnessed By: _____ Title: _____ Agency: _____