

State of Colorado
Energy & Carbon Management Commission



Document Number:
404084346

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

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://ecmc/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. ECMC Operator Number: 25255 3. BLM Lease No: _____
 2. Name of Operator: DUKE GAS COMPANY LLC
 4. API Number; 05-125-12078-00 5. Multiple completion? Yes No
 6. Well Name: CANTRALL Number: 35-1
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE,35,1S,45W,6
 8. County YUMA 9. Field Name: DUKE
 10. Minerals: Fee State Federal Indian

11. Date of Test: 01/27/2025
 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: _____ Fm: _____	Prod Csg <u>148</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:
00:00			148		NO FLOW	NONE
05:00			146		NO FLOW	NONE
10:00			146		NO FLOW	NONE
15:00			147		NO FLOW	NONE
20:00			148		NO FLOW	NONE
25:00			148		NO FLOW	NONE
30:00			148		NO FLOW	NONE
REQUIRED - Instantaneous Bradenhead Pressure at End of Test: <u>0</u> PSIG						

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 checked="" 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				0	NO FLOW	NONE
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:00				0	NO FLOW	NONE
	10:00				0	NO FLOW	NONE
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) None	15:00				0	NO FLOW	NONE
	20:00				0	NO FLOW	NONE
	25:00				0	NO FLOW	NONE
	30:00				0	NO FLOW	NONE
REQUIRED - Instantaneous Intermediate Casing Pressure at End of Test:					0	PSIG	

Comments:

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

Test Performed By: Ben Cantrall Title: operator Phone: (970) 630-0385

Signed: Diana Cantrall Title: owner Date: 2/6/2025

Witnessed By: _____ Title: _____ Agency: _____