



State of Colorado  
Oil and Gas Conservation Commission

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COGCC

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.  
Step 2. Sample one 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 samples.

1. OGCC Operator Number: <u>46561</u>	3. BLM Lease No: _____	11. Date of Test: <u>10/09/2011</u>
2. Name of Operator: <u>OKY USA INC.</u>	4. API Number: <u>05-077-09587</u>	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
5. Well Name: <u>GIPP</u>	6. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Gas LR <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (City, Sec, Twp, Rng, Section): <u>NW 1/4 Sec 18 T4S R95W GPM</u>	8. Field Name: <u>Brush Creek</u>	<input type="checkbox"/> Cased Intermediate
9. County: <u>MLSR</u>	10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	<input checked="" type="checkbox"/> Plunger LR
13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Linear?		
14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing: <u>260</u> Frc: _____	Prod. Casing: <u>280</u> Frc: _____
	Intermediate Cag: _____	Surface Casing: <u>167</u>
15. STEP 2: See instructions above.		

STEP 3: BRADENHEAD TEST					
Surled 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)	Frc: _____ Tubing	Prod. Casing PSIG	Intermediate Casing PSIG
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 = Whelpor; S = Surge; G = Gas		00:	<u>260</u>	<u>280</u>	<u>G</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:	<u>265</u>	<u>290</u>	<u>W</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe)		10:	<u>275</u>	<u>300</u>	<u>W</u>
Sample cylinder number: _____		15:	<u>285</u>	<u>305</u>	<u>W</u>
		20:	<u>290</u>	<u>305</u>	<u>W</u>
		25:	<u>295</u>	<u>310</u>	<u>W</u>
		30:	<u>300</u>	<u>310</u>	<u>W</u>
Note instantaneous Bradenhead PSIG at end of test: <u>&gt; 1</u>					

STEP 4: INTERMEDIATE CASING TEST					
Surled valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Frc: _____ Tubing	Prod. Casing PSIG	Intermediate Casing PSIG
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 = Whelpor; S = Surge; G = Gas		00:			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:			
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe)		10:			
Sample cylinder number: _____		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: David W. Smelser Title: Production Tech Phone: 970-210-5051

Signed: [Signature] Title: Regulatory Analyst Date: 10/12/2011

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_