



State of Colorado
Oil and Gas Conservation Commission

1129 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2108

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures at least.
Step 2. Sample flow if intermediate or surface casing pressure > 35 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 COGCC 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.



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OCT 12 2011

COGCC

1. COGCC Operator Number: <u>46561</u>	3. BLM Lease No: _____	11. Date of Test: <u>10/09/2011</u>
2. Name of Operator: <u>OXY USA INC.</u>	4. API Number: <u>05-077-09474</u>	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
5. Well Name: <u>G/PP</u>	6. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (City, Sec, Twp, Rng, Meridian): <u>NW 1/4 18 9S 43W 6PM</u>	8. County: <u>MESEA</u>	<input type="checkbox"/> Production <input type="checkbox"/> Plunger Lift
9. Field Name: <u>Brush Creek</u>	10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four
14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing: <u>215</u> Fm: _____	Prod. Casing: <u>420</u> Fm: _____
	Intermediate Casing: _____ Fm: _____	Surface Casing: <u>165</u> Fm: _____
15. 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 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 G; V = Vapor H = Water H ₂ O; M = Mud; W = Whelpar; S = Surge; G = Gas BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe) _____ Sample cylinder number: _____	Elapsed Time (Min Sec)	Fm: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
	00:	<u>215</u>		<u>420</u>		<u>G</u>
	05:	<u>245</u>		<u>425</u>		<u>W</u>
	10:	<u>260</u>		<u>430</u>		<u>W</u>
	15:	<u>265</u>		<u>435</u>		<u>W</u>
	20:	<u>270</u>		<u>435</u>		<u>W</u>
	25:	<u>270</u>		<u>435</u>		<u>W</u>
	30:	<u>270</u>		<u>440</u>		<u>W</u>
Note instantaneous Bradenhead PSIG at end of test: <u>1</u>						

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 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 G; V = Vapor H = Water H ₂ O; M = Mud; W = Whelpar; S = Surge; G = Gas INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe) _____ Sample cylinder number: _____	Elapsed Time (Min Sec)	Fm: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
	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: David W. Smelser Title: Production Tech Phone: 970-240-5051

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

WITNESSED BY: _____ Title: _____ Agency: _____