

State of Colorado  
Oil and Gas Conservation Commission

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



received 04/25/2013  
API 071-07822  
BH test report  
400415223

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: _____   |                      |                      |                            |                                |                              | 11. Date of Test: _____   |  |
| 2. Name of Operator: _____   |                      |                      |                            |                                |                              | 12. Well Status: <input 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: _____   |                      |                      |                            |                                |                              | <input type="checkbox"/> Clock/Intermittent   |  |
| 5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      |                      |                            |                                |                              | <input type="checkbox"/> Plunger Lift   |  |
| 6. Well Name: _____  |                      |                      |                            |                                |                              | 13. Number of Casing Strings: _____   |  |
| 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____   |                      |                      |                            |                                |                              | <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?           |  |
| 8. County: _____   |                      |                      |                            |                                |                              | 15. _____   |  |
| 9. Field Name: _____   |                      |                      |                            |                                |                              | STEP 2: See instructions above.   |  |
| 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:<br>Fm: _____ | Tubing:<br>Fm: _____ | Prod. Casing:<br>Fm: _____ | Intermediate Csg:<br>Fm: _____ | Surface Casing:<br>Fm: _____ |   |  |

|  |  |  |                            |                            |                        |                          |                  |
|--|--|--|----------------------------|----------------------------|------------------------|--------------------------|------------------|
| 16. STEP 3: BRADENHEAD 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: _____<br>Tubing: _____ | Fm: _____<br>Tubing: _____ | 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:<br>O = No Flow; C = Continuous; D = Down to 0; V = Vapor<br>H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas |  | 00:  |                            |                            |                        |                          |                  |
|  |  | 05:  |                            |                            |                        |                          |                  |
|  |  | 10:  |                            |                            |                        |                          |                  |
|  |  | 15:  |                            |                            |                        |                          |                  |
|  |  | 20:  |                            |                            |                        |                          |                  |
|  |  | 25:  |                            |                            |                        |                          |                  |
| BRADENHEAD SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid  |  | 30:  |                            |                            |                        |                          |                  |
| Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br><input type="checkbox"/> Other: (describe) _____  |  | Note instantaneous Bradenhead PSIG at end of test: > |                            |                            |                        |                          |                  |
| Sample cylinder number: _____  |  |  |                            |                            |                        |                          |                  |

|  |  |   |                            |                            |                        |                          |                    |
|--|--|---|----------------------------|----------------------------|------------------------|--------------------------|--------------------|
| 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: _____<br>Tubing: _____ | Fm: _____<br>Tubing: _____ | 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:<br>O = No Flow; C = Continuous; D = Down to 0; V = Vapor<br>H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas |  | 00:   |                            |                            |                        |                          |                    |
|  |  | 05:   |                            |                            |                        |                          |                    |
|  |  | 10:   |                            |                            |                        |                          |                    |
|  |  | 15:   |                            |                            |                        |                          |                    |
|  |  | 20:   |                            |                            |                        |                          |                    |
|  |  | 25:   |                            |                            |                        |                          |                    |
| INTERMEDIATE SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid  |  | 30:   |                            |                            |                        |                          |                    |
| Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br><input type="checkbox"/> Other: (describe) _____  |  | Note instantaneous Intermediate Casing PSIG at end of test: > |                            |                            |                        |                          |                    |
| Sample cylinder number: _____  |  |   |                            |                            |                        |                          |                    |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 18. Comments: _____<br>_____<br>_____<br>_____ |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

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: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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