

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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: <u>10084</u>	11. Date of Test: <u>10-20-11</u>
2. Name of Operator: <u>Boyer Natural Resources</u> BLM Lease No: _____	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: <u>05-011-09350</u>	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Clock/Intermittent
6. Well Name: <u>Deer Hunter</u> Number: <u>4429</u>	<input type="checkbox"/> Plunger Lift
7. Location (County, Sec, Twp, Rng, Meridian): <u>SESE 89 31S 10SW</u>	13. Number of Casing Strings: _____
8. County: <u>Las Animas</u>	<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
9. Field Name: <u>Purgatoire River</u>	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	

STEP 1: EXISTING PRESSURES				
Record all pressures as found	Tubing: <u>210</u> Fm: _____	Tubing: _____ Fm: _____	Prod. Casing: <u>10</u> Fm: _____	Intermediate Casing: _____ Fm: _____
				Surface Casing: <u>20</u> Fm: _____
16. STEP 2: See instructions above.				

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: D = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas	Elapsed Time (Min:Sec)	Fm: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	00:	<u>210</u>		<u>10</u>		<u>W</u>
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) _____	05:					
Sample cylinder number: _____	10:					
	15:					
	20:					
	25:					
	30:					
Note instantaneous Bradenhead PSIG at end of test: >						

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: D = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas	Elapsed Time (Min:Sec)	Fm: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	00:					
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) _____	05:					
Sample cylinder number: _____	10:					
	15:					
	20:					
	25:					
	30:					
Note instantaneous Intermediate Casing PSIG at end of test: >						

18. Comments: <u>WATER TEMPORARILY TO P.T.</u> <u>* W - WHISPER 2 PSI recorded TE.</u>

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: Ted J. Gordons Title: Lease Operator Phone: 719-846-7898

Signed: [Signature] Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____