

**State of Colorado  
Oil and Gas Conservation Commission**

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DE	ET	OE	ES
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**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 3 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>55575</u>	3. BLM Lease No: _____	11. Date of Test: <u>03/11/2011</u>
2. Name of Operator: <u>MCELVAIN ENERGY INC</u>		12. Well Status: <input type="checkbox"/> Flowing
4. API Number; <u>05-067-09184-00</u>	5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift
6. Well Name: <u>PARGIN RANCH</u>	Number: <u>1A</u>	<input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNW,36,33N,7W,N</u>		<input type="checkbox"/> Clock/Intermitter
8. County <u>LA PLATA</u>	9. Field Name: <u>IGNACIO BLANCO</u>	<input type="checkbox"/> Plunger Lift
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"/> Liner?

**14. EXISTING PRESSURES**

Record all pressures as found	Tubing: <u>4</u> Fm: _____	Tubing: _____ Fm: _____	Prod Csg <u>73</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>0</u>
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**BRADENHEAD TEST**

Buried valve?  Yes  No  
Confirmed open?  Yes  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 0; V = Vapor  
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 73		O
05:00	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 73		O
10:00	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 73		O
15:00	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 73		O
20:00	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 73		O
25:00	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 73		O
30:00	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 73		O

BRADENHEAD SAMPLE TAKEN?  
 Yes  No  Gas  Liquid

Character of Bradenhead fluid:  Clear  Fresh  
 Sulfur  Salty  Black

Other:(describe) \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

Instantaneous Bradenhead PSIG at end of test: > 0

**INTERMEDIATE CASING TEST**

Buried valve?  Yes  No  
Confirmed open?  Yes  No

With gauges monitoring production, intermediate 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 = Whisper; S = Surge; G = Gas

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INTERMEDIATE SAMPLE TAKEN?  
 Yes  No  Gas  Liquid

Character of Intermediate fluid:  Clear  Fresh  
 Sulfur  Salty  Black

Other:(describe) \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

Instantaneous Intermediate Casing PSIG at end of test: > \_\_\_\_\_

Comments:

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

Test Performed By: Glenn R. Hise Title: \_\_\_\_\_ Phone: (505) 330 4276

Signed: Glenn R. Hise Title: \_\_\_\_\_ Date: 3/11/2011

Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_