

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: 10454		11. Date of Test: 6-21-18													
2. Name of Operator: Petrochem Corp		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In													
3. BLM Lease No:		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection													
4. A/I Number: 05-038-06524		<input type="checkbox"/> Clock/Intermittent													
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Plunger Lift													
6. Well Name: Nordman Trust		13. Number of Casing Stages: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?													
7. Location (Ctr/Ctr, Sec, Twp, Rng, Meridian): NWSE SEC 20-18S-R64W		14. STEP 1: EXISTING PRESSURES													
8. County: ELBERT		<table border="1"> <tr> <th>Record all pressures as found</th> <th>Tubing:</th> <th>Tubing:</th> <th>Prod. Casing:</th> <th>Intermediate Csg:</th> <th>Surface Casing:</th> </tr> <tr> <td>Fm:</td> <td>Fm:</td> <td>Fm:</td> <td>2</td> <td></td> <td>1</td> </tr> </table>		Record all pressures as found	Tubing:	Tubing:	Prod. Casing:	Intermediate Csg:	Surface Casing:	Fm:	Fm:	Fm:	2		1
Record all pressures as found	Tubing:	Tubing:	Prod. Casing:	Intermediate Csg:	Surface Casing:										
Fm:	Fm:	Fm:	2		1										
9. Field Name: Wellbore #90575		15. STEP 2: See instructions above.													
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian															

STEP 3: BRADENHEAD TEST							
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min/Sec)	Fm: Tubing	Fm: 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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H ₂ O; M = Mud; W = Whisper; S = Surge; G = Gas		00:			W		D
		05:			W		O
		10:			W		O
		15:			W		O
		20:			W		O
		25:			W		O
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:			W		O
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) N/A		Note instantaneous Bradenhead PSIG at end of test: > O					
Sample cylinder number:							

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: Tubing	Fm: 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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H ₂ O; M = Mud; W = Whisper; S = Surge; G = Gas		00:					
		05:					
		10:					
		15:					
		20:					
		25:					
INTERMEDIATE SAMPLE TAKEN? <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 <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe)		Note instantaneous Intermediate Casing PSIG at end of test: >					
Sample cylinder number:							
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: Harold Powell

Title: Field Ops Manager

Phone: 918 774-3120

Signed: *Harold Powell*

Title:

Date: 6-21-17

WITNESSED BY: *Susan*

Title: Field Inspector

Agency: COGCC