

# State of Colorado Oil and Gas Conservation Commission

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FOR RECORD USE ONLY

## BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.  
 Step 2. Sample flow, if intermediate or surface casing pressure < 25 psi. In sensitive areas, 1 psi.  
 Step 3. Conduct intermediate casing 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>FEW</u>		3. BLM Lease No: <u>34-1</u>	
2. Name of Operator: <u>HORREMAN</u>		5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. API Number: <u>10000000000000000000</u>		6. Well Name: <u>Weld</u>	
7. Location (City, Sec, Twp, Rng, Meridian): <u>Weld</u>		9. Field Name: <u>Weld</u>	
8. County: <u>Weld</u>		10. Mineral: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	
11. Date of Test: <u>0</u>			
12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Cased/Abandoned <input type="checkbox"/> Plunger Lift <input type="checkbox"/> Other?			
13. Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other?			

STEP 1: EXISTING PRESSURES			
Record all pressures as found	Tubing: Fm: <u>24</u>	Prod. Casing: Fm: <u>24</u>	Surface Casing: Cig: <u>0</u>
STEP 3: BRADENHEAD TEST			
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Production Casing PSIG
With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if applicable) and monitor only the production casing and tubing pressures. Record and characterize flow in "Intermediate Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to B; V = Vapor; H = Water H <sub>2</sub> O; M = Mud; W = Whimper; S = Surge; G = Gas		00: <u>24</u>	<u>24</u>
		05: <u>24</u>	<u>24</u>
		10: <u>24</u>	<u>24</u>
		15: <u>24</u>	<u>24</u>
		20: <u>24</u>	<u>24</u>
		25: <u>24</u>	<u>24</u>
		30: <u>24</u>	<u>24</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe):		Note instantaneous Bradenhead PSIG at end of test: <u>0</u>	
Sample cylinder number:			

STEP 4: INTERMEDIATE CASING TEST			
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Production Casing PSIG
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 B; V = Vapor; H = Water H <sub>2</sub> O; M = Mud; W = Whimper; S = Surge; G = Gas		00: <u>24</u>	<u>24</u>
		05: <u>24</u>	<u>24</u>
		10: <u>24</u>	<u>24</u>
		15: <u>24</u>	<u>24</u>
		20: <u>24</u>	<u>24</u>
		25: <u>24</u>	<u>24</u>
		30: <u>24</u>	<u>24</u>
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe):		Note instantaneous Intermediate Casing PSIG at end of test: <u>24</u>	
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: Scott Title: 303-887-2781 Phone: 303-887-2781

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

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