

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>10672</u>	3. BLM Lease No: _____	11. Date of Test: <u>1-23-20</u>
2. Name of Operator: <u>Timber Creek Operating LLC</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: <u>05-071-09452-00</u>	6. Well Name: <u>Hill Ranch East</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SE 1/4 SW 14-34S-167W</u>	9. Field Name: <u>Purgatoire River</u>	<input type="checkbox"/> Clock/Intermittent
8. County: <u>Las Animas</u>	10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	<input type="checkbox"/> Plunger Lift
14. STEP 1: EXISTING PRESSURES		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
Record all pressures as found	Tubing: <u>9</u> Fm: _____	15. STEP 2: See instructions above
Tubing: _____ Fm: _____	Prod. Casing: <u>0</u> Fm: _____	
Intermediate Casing: _____ Fm: _____	Surface Casing: <u>2</u> Fm: _____	

STEP 3: BRADENHEAD TEST							
16. 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)	Fm: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
<p>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:</p> <p>O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p>		00:	<u>9</u>		<u>0</u>		<u>2</u>
		05:	<u>9</u>		<u>0</u>		<u>1</u>
		10:	<u>9</u>		<u>0</u>		<u>0</u>
		15:	<u>9</u>		<u>0</u>		<u>0</u>
		20:	<u>9</u>		<u>0</u>		<u>0</u>
		25:	<u>9</u>		<u>0</u>		<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:	<u>9</u>		<u>0</u>		<u>0</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) _____		Note instantaneous Bradenhead PSIG at end of test: >					

STEP 4: INTERMEDIATE CASING TEST							
17. 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)	Fm: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
<p>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:</p> <p>O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p>		00:					
		05:					
		10:					
		15:					
		20:					
		25:					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" 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: >					

18. Comments: Test performed at 1:30 pm

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: Ashley Sanchez Title: Automation Specialist Phone: 719-859-4541
 Signed: Ashley Sanchez Title: _____ Date: 1-23-20
 WITNESSED BY: _____ Title: _____ Agency: _____