

State of Colorado
Oil and Gas Conservation Commission

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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>	11. Date of Test: <u>1-24-20</u>
2. Name of Operator: <u>Timber Creek Operating</u>	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
3. BLM Lease No: _____	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
4. API Number: _____	<input type="checkbox"/> Clock/Intermittent
5. Multiple completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: <u>Apache Canyon</u>	13. Number of Casing Strings: _____
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NW/NE 18-34S-67W</u>	<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
8. County: <u>Los Animas</u>	
9. Field Name: <u>Purgatorie River</u>	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	
14. STEP 1: EXISTING PRESSURES	
Record all pressures as found	15. STEP 2: See instructions above.
Tubing: _____	
Fm: _____	
Prod. Casing: _____	
Intermediate Csg: _____	
Surface Casing: _____	

16. 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	Elapsed Time (Min:Sec)	Fm: _____	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:		00:	<u>0</u>	<u>-11</u>		<u>0</u>
D = No Flow; C = Continuous; D = Down to 0; V = Vapor		05:	<u>0</u>	<u>-11</u>		<u>0</u>
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		10:	<u>0</u>	<u>-11</u>		<u>0</u>
BRADENHEAD SAMPLE TAKEN?		15:	<u>0</u>	<u>-11</u>		<u>0</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		20:	<u>0</u>	<u>-11</u>		<u>0</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		25:	<u>0</u>	<u>-11</u>		<u>0</u>
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		30:	<u>0</u>	<u>-11</u>		<u>0</u>
<input type="checkbox"/> Other: (describe) _____		Note instantaneous Bradenhead PSIG at end of test: <u>> 0</u>				
Sample cylinder number: _____						

17. 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: _____	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:		00:				
D = No Flow; C = Continuous; D = Down to 0; V = Vapor		05:				
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		10:				
INTERMEDIATE SAMPLE TAKEN?		15:				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		20:				
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		25:				
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		30:				
<input type="checkbox"/> Other: (describe) _____		Note instantaneous Intermediate Casing PSIG at end of test: <u>></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: Jerry Aguirre Title: Electrician Phone: 719-859-3593Signed: [Signature] Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____