

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>2/3/20</u>	
2. Name of Operator: <u>Timber Creek Operating LLC</u>		12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
3. BLM Lease No: <u>05-071-07551-00</u>		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
4. API Number: <u>05-071-07551-00</u>		<input type="checkbox"/> Clock/Intermittent	
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Plunger Lift	
6. Well Name: <u>Hill Ranch</u>		13. Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
7. Location (Twp, Sec, Rng, Meridian): <u>NW1/4, 28-34S-107W</u>			
8. County: <u>Las Animas</u>			
9. Field Name: <u>Purgatoire River</u>			
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			

STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: <u>10</u>	Tubing: <u>10</u>	Prod. Casing: <u>10</u>	Intermediate Csg: <u>0</u>	Surface Casing: <u>0</u>
Fm:	Fm:	Fm:	Fm:	Fm:	Fm:

15. STEP 2: See instructions above.

STEP 3: BRADENHEAD TEST

16. Buried valve? <input type="checkbox"/> Yes <input checked="" 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	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>10</u>		<u>10</u>		<u>0</u>
		05	<u>10</u>		<u>10</u>		<u>0</u>
		10	<u>10</u>		<u>10</u>		<u>0</u>
		15	<u>10</u>		<u>10</u>		<u>0</u>
		20	<u>10</u>		<u>10</u>		<u>0</u>
		25	<u>10</u>		<u>10</u>		<u>0</u>
<p>BRADENHEAD SAMPLE TAKEN?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh</p> <p><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black</p> <p><input type="checkbox"/> Other: (describe)</p> <p>Sample cylinder number:</p>		Note instantaneous Bradenhead PSIG at end of test: >					

STEP 4: INTERMEDIATE CASING TEST

17. 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
<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					
<p>INTERMEDIATE SAMPLE TAKEN?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh</p> <p><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black</p> <p><input type="checkbox"/> Other: (describe)</p> <p>Sample cylinder number:</p>		Note instantaneous Intermediate Casing PSIG at end of test: >					

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: Ashley Sanchez Title: Automation Specialist Phone: 719-859-4541

Signed: Ashley Sanchez Title: Specialist Date: 2/3/20

WITNESSED BY: _____ Title: _____ Agency: _____