

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>10612</u>	3. BLM Lease No: <u>SW 28-335-67W</u>	11. Date of Test: <u>1-29-20</u>
2. Name of Operator: <u>TIMBER CREEK</u>	5. Multiple completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: <u>05-071-09994</u>	6. Well Name: <u>We 28-B</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>S4SW 28-335-67W</u>	9. Field Name: <u>PHILATORIE RIVER</u>	<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
8. County: <u>CASAS</u>	10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing: <u>0</u> Fm: <u>0</u>	Intermediate Csg: <u>0</u> Surface Casing: <u>0</u>
15. STEP 2: See instructions above		

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. 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 H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		05	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		10	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		15	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		20	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		25	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		30	<u>0</u>	<u>0</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		Note instantaneous Bradenhead PSIG at end of test: <u>&gt; 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) _____						
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. 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 H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00				
		05				
		10				
		15				
		20				
		25				
		30				
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Note instantaneous Intermediate Casing PSIG at end of test: <u>&gt;</u>				
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) _____						
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: M. Messemmer Title: Automation Phone: 719-859-3686

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

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