



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>	3. BLM Lease No: _____	11. Date of Test: <u>1/28/20</u>
2. Name of Operator: <u>Timber Creek Operating LLC</u>	4. API Number: <u>05-071-08792-005</u>	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Well Name: <u>Hill Ranch</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SE/SE 22-34S-67W</u>	8. Number: <u>22-116</u>	<input type="checkbox"/> Clock/Intermittent
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	<input type="checkbox"/> Plunger Lift
13. Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	15. STEP 2: See instructions above	

14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: <u>35</u> Fm: _____	Tubing: _____ Fm: _____	Prod. Casing: <u>5</u> Fm: _____	Intermediate Csg: _____ Fm: _____	Surface Casing: <u>0</u> Fm: _____

16. STEP 3: BRADENHEAD TEST							
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
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>35</u>		<u>5</u>		<u>0</u>
		05	<u>34</u>		<u>5.5</u>		<u>0</u>
		10	<u>34</u>		<u>5</u>		<u>0</u>
		15	<u>34</u>		<u>5</u>		<u>0</u>
		20	<u>34</u>		<u>5.5</u>		<u>0</u>
		25	<u>34</u>		<u>5 3/4</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>34</u>		<u>5.5</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: >					

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	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					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input 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: _____ _____ _____	
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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 Sanch Title: Automation Specialist Phone: 719-859-4541

Signed: Ashley Sanch Title: _____ Date: 1/28/20

WITNESSED BY: _____ Title: _____ Agency: _____