

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>1-28-20</u>
2. Name of Operator: <u>TIMBER CREEK</u>	4. API Number: <u>05-071-08051</u>	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
5. Multiple completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. Well Name: <u>Ge 77-14</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESW 17-33S-67W</u>	8. County: <u>LAS ANIMAS</u>	<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
9. Field Name: <u>PALMATIC RIVER</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: Fm: <u>1</u>	15. STEP 2: See instructions above.
Tubing: Fm: _____	Prod. Casing: Fm: <u>1</u>	
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: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG
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>1</u>	<u>1</u>	<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:	<u>1</u>	<u>1</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) _____		10:	<u>1</u>	<u>1</u>	<u>0</u>
Sample cylinder number: _____		15:	<u>1</u>	<u>1</u>	<u>0</u>
		20:	<u>1</u>	<u>1</u>	<u>0</u>
		25:	<u>1</u>	<u>1</u>	<u>0</u>
		30:	<u>1</u>	<u>1</u>	<u>0</u>
Note instantaneous Bradenhead PSIG at end of test: > <u>0</u>					

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
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:			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:			
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) _____		10:			
Sample cylinder number: _____		15:			
		20:			
		25:			
		30:			
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: M Messemmer Title: Automation Phone: 719-859-3686

Signed: _____ Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____