

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>1/27/20</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 (QtrQtr, Sec, Twp, Rng, Meridian): <u>18 NW/NW 18-34S-67W</u>	<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
8. County: <u>Las 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	Tubing: _____	Tubing: <u>0</u>	Prod. Casing: <u>-5</u>	Intermediate Casing: _____	Surface Casing: _____
Fm: _____	Fm: _____	Fm: _____	Fm: _____		
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: _____	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: 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>-5</u>		<u>0</u>
		05:	<u>0</u>		<u>-5</u>		<u>0</u>
		10:	<u>0</u>		<u>-5</u>		<u>0</u>
		15:	<u>0</u>		<u>-5</u>		<u>0</u>
		20:	<u>0</u>		<u>-5</u>		<u>0</u>
		25:	<u>0</u>		<u>-5</u>		<u>0</u>
		30:	<u>0</u>		<u>-5</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: _____	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: 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: _____ _____ _____
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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: Jerry Aguirre Title: Electrician Phone: 719 859-3593Signed: [Signature] Title: \_\_\_\_\_ Date: \_\_\_\_\_

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