

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>	11 Date of Test: <u>2-3-20</u>
2 Name of Operator: <u>TIMBER CREEK</u>	12 Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
3 BLM Lease No: <u>05-071-09115</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
4 API Number: <u>AC31-10</u>	<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>AC31-10</u>	13 Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
7 Location (Qtr, Sec, Twp, Rng, Meridian): <u>NWSE 31-33S-67W</u>	
8 County: <u>LAS ANIMAS</u>	
9 Field Name: <u>PURVIS RIVER</u>	
10 Minerals: <input 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	15. STEP 2: See instructions above
Tubing: Fm: <u>0</u>	
Tubing: Fm: <u>0</u>	
Prod. Casing: Fm: <u>0</u>	
Intermediate Csg	
Surface Casing	

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>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		05:	<u>0</u>	<u>0</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>0</u>	<u>0</u>	<u>0</u>
Sample cylinder number: _____		15:	<u>0</u>	<u>0</u>	<u>0</u>
		20:	<u>0</u>	<u>0</u>	<u>0</u>
		25:	<u>0</u>	<u>0</u>	<u>0</u>
		30:	<u>0</u>	<u>0</u>	<u>0</u>
					Note instantaneous Bradenhead PSIG at end of test: <u>&gt; 0</u>

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: <u>&gt;</u>
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 Meisner Title: Automation Phone: 719-859-3686

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

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