

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>2-12-20</u>	
2 Name of Operator: <u>TIMBER CREEK</u>		4 API Number: <u>05-071-08747</u>		12 Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
6 Well Name: <u>AL36-16</u>		5 Multiple completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7 Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE 36-33S-68W</u>		9 Field Name: <u>PARADISE RIVER</u>		<input type="checkbox"/> Clock/Intermittent	
8 County: <u>LAS ANIMAS</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	
14. STEP 1: EXISTING PRESSURES		13 Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?		15. STEP 2: See instructions above.	
Record all pressures as found	Tubing: Fm: <u>0</u>	Tubing: Fm: _____	Prod. Casing: Fm: <u>-5</u>	Intermediate Csg: Fm: _____	Surface Casing: Fm: _____

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 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 BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid 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: _____	Elapsed Time (Min:Sec)	Fm: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
	00:	0		-5		0
	05:	0		-5		0
	10:	0		-5		0
	15:	0		-5		0
	20:	0		-5		0
	25:	0		-5		0
	30:	0		-5		0
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 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 INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid 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: _____	Elapsed Time (Min:Sec)	Fm: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
	00:					
	05:					
	10:					
	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 MESSMER Title: ANATOMY Phone: 719-859-3686  
 Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_