

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: 10672
2 Name of Operator: Timber Creek Operating
3 BLM Lease No.:
4 API Number: 05-071-08322-0 Multiple completion? ☒ Yes ☐ No
5 Well Name: Apache Canyon Number: 6-6
7 Location (Qtr/Sec, Twp, Rng, Meridian): SE/NW 6-34S-67W
8 County: Las Animas 9 Field Name: Purgatoire river
10 Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11 Date of Test: 2/20/20
12 Well Status: ☒ Flowing ☐ Shut In
☐ Gas Lift ☐ Pumping ☐ Injection
☐ Clock/Intermittent
☐ Plunger Lift
13 Number of Casing Strings: ☒ Two ☐ Three ☐ Liner?

14 STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing	Tubing	Prod Casing	Intermediate Csg	Surface Casing
Fm: <u>0</u>	Fm:	Fm:	Fm: <u>-03</u>		

15.
STEP 2: See instructions above

16

STEP 3: BRADENHEAD TEST

Burned 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	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	0		-3		0
	05	0		-3		0
	10	0		-3		0
	15	0		-3		0
	20	0		-3		0
	25	0		-3		0
30	0		-3		0	
Note instantaneous Bradenhead PSIG at end of test. > 0						

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:

17.

STEP 4: INTERMEDIATE CASING TEST

Burned 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 H ₂ O; 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. >					
Sample cylinder number _____							

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: Jerry Aguirre Title: Electrician Phone: 719 859-3593
Signed: [Signature] Title: Electrician Date: 2/20/20
WITNESSED BY: _____ Title: _____ Agency: _____