

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>	3. BLM Lease No: _____	11. Date of Test: <u>2/18/20</u>
2. Name of Operator: <u>Timber Creek Operating</u>	5. Multiple completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut in
4. API Number: <u>05-071-06347-00</u>	6. Well Name: <u>Apache Canyon</u> Number: <u>19-12</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NW/SE 19-34S-67W</u>	8. County: <u>Las Animas</u>	<input type="checkbox"/> Clock/Intermittent
9. Field Name: <u>Purgatorie river</u>	10. Minerals: <input 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?
Record all pressures as found	Tubing: <u>0</u> Fm: _____	15. STEP 2: See instructions above.
Tubing: _____ Fm: _____	Prod Casing: <u>-2</u> Fm: _____	
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	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>-2</u>		<u>0</u>
		05	<u>0</u>		<u>-2</u>		<u>0</u>
		10	<u>0</u>		<u>-2</u>		<u>0</u>
		15	<u>0</u>		<u>-2</u>		<u>0</u>
		20	<u>0</u>		<u>-2</u>		<u>0</u>
		25	<u>0</u>		<u>-2</u>		<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30	<u>0</u>		<u>-2</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) _____		Note instantaneous Bradenhead PSIG at end of test: > <u>0</u>					
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 _____ 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 H2O; 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: 2/18/20

WITNESSED BY: _____ Title: _____ Agency: _____