



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>3/6/20</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>05-071-08686-00</u>	6 Well Name: <u>Apache Canyon</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7 Location (Qtr/Sec, Twp, Rng, Meridian): <u>2-34S-68W</u>	9 Field Name: <u>Purgatory 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?
Record all pressures as found	Tubing Fm: <u>0</u>	15. STEP 2: See instructions above
	Prod Casing Fm: <u>-3</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	Elapsed Time (Min Sec)	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>-3</u>		<u>0</u>
		05	<u>0</u>	<u>-3</u>		<u>0</u>
		10	<u>0</u>	<u>-3</u>		<u>0</u>
		15	<u>0</u>	<u>-3</u>		<u>0</u>
		20	<u>0</u>	<u>-3</u>		<u>0</u>
		25	<u>0</u>	<u>-3</u>		<u>0</u>
		30	<u>0</u>	<u>-3</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>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 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				
		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 > _____				
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: _____						

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: 3/6/20

WITNESSED BY: _____ Title: _____ Agency: _____