

# 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: 76859  
 2. Name of Operator: Schreider & Company 3. BLM Lease No: \_\_\_\_\_  
 4. API Number: 005-001-09067 5. Multiple completion?  Yes  No  
 6. Well Name: Cher Skoubo Number: #14-43  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW 14 2S 62W 6PM  
 8. County: Adams 9. Field Name: Longbranch #51450  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: Sept 24 2019  
 12. Well Status:  Flowing  Shut In  
 Gas Lift  Pumping  Injection  
 Clock/Intermitter  
 Plunger Lift  
 13. Number of Casing Strings:  
 Two  Three  Liner?

14. **STEP 1: EXISTING PRESSURES**

Record all pressures as found	Tubing: -0- Fm: _____	Tubing: Fm: _____	Prod. Casing: -0- Fm: _____	Intermediate Csg: Fm: _____	Surface Casing: -0- Fm: _____

15. **STEP 2: See instructions above.**

16. **STEP 3: BRADENHEAD TEST**

Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
		Tubing:	Tubing:			
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: _____	00:	-0-		-0-	-0-	0
	05:	-0-		-0-	-0-	0
	10:	-0-		-0-	-0-	0
	15:	-0-		-0-	-0-	0
	20:	-0-		-0-	-0-	0
	25:					
30:						
Note instantaneous Bradenhead PSIG at end of test: >						

17. **STEP 4: INTERMEDIATE CASING 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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
		Tubing:	Tubing:			
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 checked="" 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: _____	00:	-0-		-0-	-0-	0
	05:	-0-		-0-	-0-	0
	10:	-0-		-0-	-0-	0
	15:	-0-		-0-	-0-	0
	20:	-0-		-0-	-0-	0
	25:					
30:						
Note instantaneous Intermediate Casing PSIG at end of test: >						

18. Comments: Involuntary shut in from gas transporter Anadarko

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: Javier Lopez Title: Field Super Phone: 1-888-503-2678  
 Signed: George Kelly Title: V.P. Operations Date: 9-26-19  
 WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_