

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: 17320	3. BLM Lease No:
2. Name of Operator: City & County of Denver	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. API Number: 05-001-02782	6. Well Name: Box Elder
7. Location (Qt, Qtr, Sec, Twp, Rng, Meridian): NWDE 62S 65W 6	9. Field Name:
8. County: Adams	10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian
11. Date of Test: 9-1-2020	
12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	

STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: 525 Fm: JSND	Tubing: Fm:	Prod. Casing: 520 Fm: JSND	Intermediate Csg:	Surface Casing: -1.7

15. STEP 2: See instructions above.

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: 520 Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG
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:	525		520	-1.7
		05:	525		520	-1.7
		10:	525		520	-1.7
		15:	525		520	-1.7
		20:	525		520	-1.7
		25:	525		520	-1.8
		30:	525		520	-1.8
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: > -1.8				
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:						

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
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: Russell Branting Title: Tester Phone: 303809 9398

Signed: Russell Branting Title: Date: 9-1-20

WITNESSED BY: Title: Agency: