

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:		3. BLM Lease No:		11. Date of Test: 9/10/2020	
2. Name of Operator: <u>CAIUS</u>		5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
4. API Number: <u>05-045-07009</u>		6. Well Name: <u>COUSA 18-10 (TIE)</u>		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (Qtr/Sec, Twp, Rng, Meridian): <u>NW/SE Sec 18, T2S, R92W</u>		9. Field Name: <u>Amman Creek</u>		<input type="checkbox"/> Clock/Intermittent <input checked="" type="checkbox"/> Plunger Lift	
8. County:		10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: Fm: <u>188</u>	Tubing: Fm:	Prod. Casing: Fm: <u>295</u>	Intermediate Cag: Fm:	Surface Casing: Fm: <u>56</u>
15. STEP 2: See instructions above.					

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:	14:15	188	295		56/H
	05:	14:20	190	295		1/H
	10:	14:25	192	295		3/H
	15:	14:30	193	296		3/H
	20:	14:35	195	296		5H
	25:	14:40	196	296		V
30:	14:45	198	296			V
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: >					

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:					
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: >					
18. Comments: <u>Brought fluid instantly on first initial test on 9/19/2020. Brought up approx. 20 gal. of water on 9/10/2020.</u>						

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: Jeremiah Crawford Title: Production Foreman Phone: 970-309-3427
 Signed: [Signature] Title: Date: 9/10/2020
 WITNESSED BY: Title: Agency: