

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.

C134

1. OGCC Operator Number: _____		3. BLM Lease No: _____		11. Date of Test: _____	
2. Name of Operator: _____		5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
4. API Number: _____		6. Well Name: _____		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____		9. Field Name: _____		<input type="checkbox"/> Clock/Intermittent	
8. County: _____		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: _____	
Record all pressures as found	Tubing: _____	Tubing: _____	Prod. Casing: _____	Intermediate Casing: _____	Surface Casing: _____
	Fm: _____	Fm: 270	Fm: 10		
					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					
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: _____					
Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
00:	270		10		0
05:	270		10		0
10:	270		10		0
15:	270		10		0
20:	270		10		0
25:	270		10		0
30:	270		10		0
Note instantaneous Bradenhead PSIG at end of test:					> 0

17. STEP 4: INTERMEDIATE CASING TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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 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: _____					
Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
00:					
05:					
10:					
15:					
20:					
25:					
30:					
Note instantaneous Intermediate Casing PSIG at end of test:					>
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: Larry Melard Title: Operator Phone: 575-707-5099Signed: Larry Melard Title: _____ Date: 9-28-20WITNESSED BY: [Signature] Title: Prod. Supervisor Agency: _____