

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.

C-15

1. OGCC Operator Number: _____		3. BLM Lease No: _____		11. Date of Test: _____	
2. Name of Operator: _____		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____		9. Field Name: _____		13. Number of Casing Strings: _____	
8. County: _____		10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: <u>100</u> Fm: _____	Tubing: _____ Fm: _____	Prod. Casing: <u>8</u> Fm: _____	Intermediate Casing: _____	Surface Casing: _____
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: <u>0</u>
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>100</u>		<u>8</u>		<u>0</u>
		05:	<u>100</u>		<u>8</u>		<u>0</u>
		10:	<u>100</u>		<u>8</u>		<u>0</u>
		15:	<u>100</u>		<u>8</u>		<u>0</u>
		20:	<u>140</u>		<u>8</u>		<u>0</u>
		25:	<u>100</u>		<u>8</u>		<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:	<u>100</u>		<u>8</u>		<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) _____		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:					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:					
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) _____		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: Abe Elliott Title: Exec OP Phone: 505 675 5030

Signed: [Signature] Title: _____ Date: 9-24-20

WITNESSED BY: Marty Berggren Title: OP II Agency: WPR to LLC