

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

C-47

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: _____ | 11. Date of Test: _____ |
| 2. Name of Operator: _____ | 12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In |
| 3. BLM Lease No: _____ | <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection |
| 4. API Number: _____ | <input type="checkbox"/> Clock/Intermittent |
| 5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Plunger Lift |
| 6. Well Name: _____ | 13. Number of Casing Strings: _____ |
| 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____ | <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner? |
| 8. County: _____ | |
| 9. Field Name: _____ | |
| 10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian | |

14. **STEP 1: EXISTING PRESSURES**

| | | | | | |
|-------------------------------|--------------------|----------------|------------------------|--------------------------|--------------------------|
| Record all pressures as found | Tubing: Fm: 180 | Tubing: Fm: | Prod. Casing: Fm: 8 | Intermediate Csg: Fm: | Surface Casing: Fm: 0 |
|-------------------------------|--------------------|----------------|------------------------|--------------------------|--------------------------|

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

16. **STEP 3: BRADENHEAD TEST**

Buried valve? Yes No Confirmed open? Yes 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?
 Yes No Gas Liquid

Character of Bradenhead fluid: Clear Fresh
 Sulfur Salty Black
 Other: (describe) _____

Sample cylinder number: _____

| Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow |
|------------------------|------------|------------|------------------------|--------------------------|-----------------|
| 00: | 180 | | 8 | | 0 |
| 05: | 180 | | 8 | | 0 |
| 10: | 180 | | 8 | | 0 |
| 15: | 180 | | 8 | | 0 |
| 20: | 180 | | 8 | | 0 |
| 25: | 180 | | 8 | | 0 |
| 30: | 180 | | 8 | | 0 |

Note instantaneous Bradenhead PSIG at end of test: > 0

17. **STEP 4: INTERMEDIATE CASING TEST**

Buried valve? Yes No Confirmed open? Yes 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?
 Yes No Gas Liquid

Character of Intermediate fluid: Clear Fresh
 Sulfur Salty Black
 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: Kenny Foster Title: Operator Phone: 1-505-652-9698

Signed: Kenny Foster Title: _____ Date: 9-30-20

WITNESSED BY: [Signature] Title: Prod. Supervisor Agency: _____