

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

C-43

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: _____		15. _____	
9. Field Name: _____		STEP 2: See instructions above.	
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: 0	Prod. Casing: _____ Fm: 9	Intermediate Casing: _____ Fm: _____

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: _____	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:	9:15	0	9
		05:	9:20	0	9
		10:	9:25	0	9
		15:	9:30	0	9
		20:	9:35	0	9
		25:	9:40	0	9
		30:	9:45	0	9
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Note instantaneous Bradenhead PSIG at end of test: > 0			
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: _____					

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: _____	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		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: Kenny Foster Title: Operator Phone: 1-575-445-6770Signed: Kenny Foster Title: _____ Date: 10-8-20WITNESSED BY: B. J. Maden Title: HSE Specialist Agency: Wojcik, Operating, LLC