

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: 16700
2. Name of Operator: CHEVRON USA INC.
3. BLM Lease No:
4. API Number: 05-103-06126-00
5. Multiple completion? ☐ Yes ☐ No
6. Well Name: GRAY B Number: 13
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW, 18, 2N, 102W, 6
8. County: RIO BLANCO
9. Field Name: RANGELY
10. Minerals: ☐ Fee ☐ State ☒ Federal ☐ Indian

11. Date of Test: 11-24-2020

12. Well Status: ☐ Flowing ☒ Shut In
☐ Gas Lift ☐ Pumping ☐ Injection
☐ Clock/Intermittent
☐ Plunger Lift

13. Number of Casing Strings:
☒ Two ☐ Three ☐ Liner?

14. STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing:	Tubing:	Prod. Casing:	Intermediate Csg:	Surface Casing:
	1178		56		230
	Fm: WEBR	Fm:	Fm: WEBR		

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:	1178		56		C,G
	05:	1178		56		C,G
	10:	1178		56		C,G
	15:	1178		56		C,G
	20:	1178		56		C,G
	25:	1178		56		C,G
30:	1178		56		C,G	
BRADENHEAD SAMPLE TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: 1064						
Note instantaneous Bradenhead PSIG at end of test:						> 17

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: >					
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: Justin Halcomb Title: FSA Phone: 970-783-8729

Signed: [Signature] Title: Date:

WITNESSED BY: Title: Agency: