



State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FORM 400-001-001

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 OGC 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. OGC Operator Number: 13004	3. BLM Lease No:	11. Date of Test: 10/19/2020
2. Name of Operator: Providence Operating	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut in
4. API Number: 05-001-09525	Number: 7-10	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
6. Well Name: Price	7. Location (Dir, Sec, Twp, Rng, Meridian): SWNE 19 1855W 6 PM	<input type="checkbox"/> Cyclic/Intermittent
8. County: Adams	9. Field Name: Wallenberg	<input type="checkbox"/> Plunger Lift
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liver?
14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing: 750 Fm: 750 ND	Prod. Casing: 700 Fm: 700
	Intermediate Casing: -0-	Surface Casing: -0-
15. STEP 2: See instructions above.		

16. STEP 3: BRADENHEAD TEST					
Burred 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
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 9; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00	750	700	0
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05	750	700	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):		10	750	700	0
Sample cylinder number:		15	750	700	0
		20	750	700	0
		25	750	700	0
		30	750	700	0
Note instantaneous Bradenhead PSIG at end of test:					-0-

17. STEP 4: INTERMEDIATE CASING TEST					
Burred 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
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 9; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05			
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):		10			
Sample cylinder number:		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: GROTH THORAKSEN Title: FIELD Supt. Phone: 719-963-0714

Signed: [Signature] Title: _____ Date: _____

WITNESSED BY: -NONE- Title: _____ Agency: _____