

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: <u>10758</u>		11. Date of Test: <u>6/7/21</u>	
2. Name of Operator: <u>Ogris Operating</u>		3. BLM Lease No: _____	
4. API Number: <u>05-071-08253-00</u>		5. Multiple completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Well Name: <u>Hill Ranch</u>		Number: <u>36-13</u>	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SW/SW 36-34-6BW</u>		12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
8. County: <u>Las Animas</u>		9. Field Name: <u>purgatoire</u>	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		12. Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
14. STEP 1: EXISTING PRESSURES		13. Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
Record all pressures as found	Tubing: <u>80</u> Fm: _____	Prod. Casing: <u>1.5</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  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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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) <u>N/A</u>  Sample cylinder number: <u>N/A</u>	Elapsed Time (Min:Sec)	Fm: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
	00:	<u>80</u>		<u>1.5</u>		<u>0</u>
	05:	<u>80</u>		<u>1.5</u>		<u>0</u>
	10:	<u>80</u>		<u>1.5</u>		<u>0</u>
	15:	<u>80</u>		<u>1.5</u>		<u>0</u>
	20:	<u>80</u>		<u>1.5</u>		<u>0</u>
	25:	<u>80</u>		<u>1.5</u>		<u>0</u>
	30:	<u>80</u>		<u>1.5</u>		<u>0</u>
Note instantaneous Bradenhead PSIG at end of test: <u>&gt; 0</u>						

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  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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid  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: _____	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: <u>&gt;</u>						
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: Jerry Aguirre Title: Electrician Phone: 719-859-3593

Signed: [Signature] Title: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_