

# 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: _____ 2. Name of Operator: <u>COGCC - OWP</u> 4. API Number: <u>05-081-07163</u> 6. Well Name: <u>Brownlee (OWP)</u> 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE Sec 24 T12N R89W 6th PM</u> 8. County: <u>Moffat</u> 10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	3. BLM Lease No: <u>NA</u> 5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number: <u>24-1</u> 9. Field Name: <u>Slater Dome</u>
11. Date of Test: <u>4/15/2021</u>	
12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermitter <input type="checkbox"/> Plunger Lift	
13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	

14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: 0 Fm: _____	Tubing: _____ Fm: _____	Prod. Casing: 0 Fm: <u>ILES</u>	Intermediate Csg: _____	Surface Casing: 0

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

16. STEP 3: BRADENHEAD TEST						
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input 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	Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	00:	0		0		0
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____	05:	0		0		0
Sample cylinder number: _____	10:					
	15:					
	20:					
	25:					
	30:					
Note instantaneous Bradenhead PSIG at end of test:						> 0

17. STEP 4: INTERMEDIATE CASING TEST						
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input checked="" 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	Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	00:					
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input checked="" type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____	05:					
Sample cylinder number: _____	10:					
	15:					
	20:					
	25:					
	30:					
Note instantaneous Intermediate Casing PSIG at end of test:						>

18. Comments: Dig down and expose bradenhead valve. No flow observed when bradenhead valve was opened.

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: Jacob Harter Title: Consultant Phone: 970-946-3761  
 Signed: Jacob Harter Title: jharter@cottonwoodconsulting.com Date: 4/15/2021  
 WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_