

State of Colorado
Oil and Gas Conservation Commission

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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>10722</u>	3. BLM Lease No:	11. Date of Test: <u>7/12/21</u>
2. Name of Operator: <u>KTM Operating</u>	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: <u>07306317</u>	6. Number: <u>7-34</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
5. Well Name: <u>Craig</u>	7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>SWNE 34 13S 50W</u>	<input type="checkbox"/> Clock/Intermitter
8. County: <u>Lincoln</u>	9. Field Name: <u>Balcro</u>	<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"/> Liner?	
14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing: <input checked="" type="checkbox"/> Fm: <u>Chamber</u>	Prod. Casing: <input checked="" type="checkbox"/> Fm: <u>Chamber</u>
	Intermediate Casing: <input type="checkbox"/> Fm: <u>Chamber</u>	Surface Casing: <input type="checkbox"/> Fm: <u>Chamber</u>
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: <u>Chamber</u>	Fm: <u>Chamber</u>	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 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00:	<u>0</u>	<u>0</u>	<u>0</u>
		05:	<u>0</u>	<u>0</u>	<u>0</u>
		10:	<u>0</u>	<u>0</u>	<u>0</u>
		15:	<u>0</u>	<u>0</u>	<u>0</u>
		20:	<u>0</u>	<u>0</u>	<u>0</u>
		25:	<u>0</u>	<u>0</u>	<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30:	<u>0</u>	<u>0</u>	<u>0</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		Note instantaneous Bradenhead PSIG at end of test: <u>></u>			
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black					
<input type="checkbox"/> Other: (describe) <u>NA</u>					
Sample cylinder number:					

17. STEP 4: INTERMEDIATE CASING TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: <u>Chamber</u>	Fm: <u>Chamber</u>	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 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00:	<u>0</u>	<u>0</u>	<u>0</u>
		05:	<u>0</u>	<u>0</u>	<u>0</u>
		10:	<u>0</u>	<u>0</u>	<u>0</u>
		15:	<u>0</u>	<u>0</u>	<u>0</u>
		20:	<u>0</u>	<u>0</u>	<u>0</u>
		25:	<u>0</u>	<u>0</u>	<u>0</u>
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30:	<u>0</u>	<u>0</u>	<u>0</u>
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		Note instantaneous Intermediate Casing PSIG at end of test: <u>></u>			
<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: Chris Title: _____ Phone: _____

Signed: _____ Title: _____ Date: _____

WITNESSED BY: Susan Title: Field Inspector Agency: OGCC