



State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

BRADENHEAD TEST REPORT

Step 1: Record all tubing and casing pressures as found.
Step 2: Sample flow, if intermediate or surface casing pressure > 25 psi, in separate areas, 1 psi.
Step 3: Conduct Bradenhead test.
Step 4: Conduct Intermediate casing test.
Step 5: Send report to OGCC 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 available.

1. OGCC Operator Number:	11. Date of Test: 10/12/21
2. Name of Operator: Williford	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut in
3. Well Lease No:	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
4. APT Number:	<input type="checkbox"/> Check/intermittent
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: Schmitz 2-36	13. Number of Casing Stages:
7. Location (Grid, Sec, Twp, Rng, Meridian): 44 36 34 12	<input type="checkbox"/> Two <input checked="" type="checkbox"/> Three <input type="checkbox"/> Other
8. County: La Plata	
9. Field Name:	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	

STEP 1: EXISTING PRESSURES				
Record all pressures as found	Tubing: Fm: 7#	Tubing: Fm: 2#	Intermediate Casing: Fm: 2#	Surface Casing: Fm: 4#
15. STEP 2: See instructions above.				

STEP 3: BRADENHEAD 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: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate 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: D = No Flow; C = Continuous; U = Down to 0; V = Vapor; H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas	05: 1 Sec	7#	2#	2#	D
	10: 7#	2#	2#	2#	Ø
	15: 7#	2#	2#	2#	Ø
	20: End Test				
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"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe):					
Sample cylinder number:					
Note instantaneous Bradenhead PSIG at end of test: Ø					

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: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate 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: D = No Flow; C = Continuous; U = Down to 0; V = Vapor; H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas	05: D	7#	2#		D
	10: 7#	2#			Ø
	15: 7#	2#			Ø
	20: End Test				
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" 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"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe):					
Sample cylinder number:					
Note instantaneous Intermediate Casing PSIG at end of test: Ø					

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: Mitch	Title: Tech	Phone: 970-238-1206	
Signed: [Signature]	Title:	Date:	
WITNESSED BY:	Title:	Agency:	