



State of Colorado Oil and Gas Conservation Commission

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FOR USDO NOTARY ONLY

BRADENHEAD TEST REPORT

Step 1: Report of tubing and casing pressures as found.
Step 2: Sample flow, if intermediate or surface casing pressure > 25 psi, in addition to steps 1 and 3.
Step 3: Conduct Bradenhead test.
Step 4: Conduct intermediate casing test.
Step 5: Send report to BLM within 30 days and to OGCOC 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. OGCOC Operator Number:	2. Name of Operator: <u>Williford</u>	3. B/LP Lease No.:	11. Date of Test: <u>10/12/21</u>
4. API Number:	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Well Name: <u>Nettie #4</u>	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut in
7. Location (Quadr. Sec. Twp. Rng. Meridian):	8. County: <u>La Plata</u>	9. Field Name:	<input type="checkbox"/> Gas lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	13. Number of Casing Straps: <input type="checkbox"/> Two <input checked="" type="checkbox"/> Three <input type="checkbox"/> Other?	15. STEP 2: See instructions above.	

STEP 1: EXISTING PRESSURES					
Record all pressures as found:	Tubing:	Y tubing:	Prod. Casing:	Intermediate Casing:	Surface Casing:
	psi:	psi:	psi:	psi:	psi:
		14 #	2 #	2 #	3 #

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)	From Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow	
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; D = Down to B; V = Vapor H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas		00	Puff	14	2	2	D
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		05		14	2	2	Ø
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		14	2	2	Ø
Sample cylinder number:		15		14	2	2	Ø
		20					End Test
		25					
		30					
							Note instantaneous Bradenhead PSIG at end of test: <u>Ø</u>

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)	From Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow	
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; D = Down to B; V = Vapor H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas		00	5 sec	14	2		D-W
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		05		14	2		W
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		14	2		W
Sample cylinder number:		15		14	2		W
		20		14	2		W
		25		14	2		W
		30		14	2		W
							Note instantaneous Intermediate Casing PSIG at end of test: <u>TSTM</u>

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 Kennedy Title: Tech Phone: 970 238 1206

Signed: [Signature] Title: Date: 10/12/21

WITNESSED BY: Title: Agency: