

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

BRADENHEAD TEST REPORT

Step 1. Before opening any valves, record all tubing and casing pressures as found.
 Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://ogcc.org/reg.html#ogguidance>
 Step 3. Conduct Bradenhead test.
 Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.
 Step 5. Submit sample analytical results via Form 43.

1. OGCC Operator Number: #16700	3. BLM Lease No: FEE	11. Date of Test: 11/23/2021
2. Name of Operator: Chevron	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermitter <input type="checkbox"/> Plunger Lift
4. API Number: 05-103-06147	6. Well Name: Fee	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
7. Location (Qtr, Sec, Twp, Rng, Meridian): SWSE, 19, 2N, 102W, 6TH	8. County: Rio Blanco	
9. Field Name: Rangely Weber Sand Unit		
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		

14. **STEP 1: EXISTING PRESSURES**

Record all pressures as found	Tubing: 126 Fm: IWSU	Tubing: X Fm:	Prod. Casing: 188 Fm:	Intermediate Csg: X	Surface Casing: 176
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15. **STEP 2: See instructions above.**

BRADENHEAD TEST

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. Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to B; S = Surge; W = Whisper. Describe fluid type in "Bradenhead Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: IWSU Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	00:	<input type="checkbox"/> 126	<input type="checkbox"/> x	<input type="checkbox"/> 188	x	C	G
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:	<input type="checkbox"/> 126	<input type="checkbox"/> x	<input type="checkbox"/> 188	x	C	G
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe)	10:	<input type="checkbox"/> 126	<input type="checkbox"/> x	<input type="checkbox"/> 188	x	C	G
	15:	<input type="checkbox"/> 126	<input type="checkbox"/> x	<input type="checkbox"/> 188	x	C	G
	20:	<input type="checkbox"/> 126	<input type="checkbox"/> x	<input type="checkbox"/> 188	X	C	G
	25:	<input type="checkbox"/> 126	<input type="checkbox"/> x	<input type="checkbox"/> 188	x	W	G
	30:	<input type="checkbox"/> 126	<input type="checkbox"/> x	<input type="checkbox"/> 188	x	W	G

Instantaneous Bradenhead PSIG at end of test: > 2.4

INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to B; S = Surge; W = Whisper. Describe fluid type in "Intermediate Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	00:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe)	10:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	15:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	20:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	25:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	30:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Instantaneous Intermediate Casing PSIG at end of test: >

18. Comments:
7 day build-up. Surface casing already tied to Flowline to keep pressures under max allowed.

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: Justin Halcomb Title: FSA Phone: 970-783-8729

Signed: _____ Title: jhtq Date: jhtq

WITNESSED BY: _____ Title: _____ Agency: _____

Digitally signed by jhtq Date: 2021.11.24 08:12:06 -0700