

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/html/opguidance>
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: 12/15/2021	
2. Name of Operator: CHEVRON USA INC		4. API Number: 05-103-08696		12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. Well Name: M.E. HEFLEY		<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW,2,1N,102W,6TH		8. County: RIO BLANCO		<input type="checkbox"/> Clock/Intermittent	
9. Field Name: RANGELY		10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		<input type="checkbox"/> Plunger Lift	
13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?		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 D; 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							
Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Weber Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Bradenhead Flow	Bradenhead Fluid	
00:	<input type="checkbox"/>	<input type="checkbox"/> 81	<input type="checkbox"/> 81		O	N	
05:	<input type="checkbox"/>	<input type="checkbox"/> 81	<input type="checkbox"/> 81		O	N	
10:	<input type="checkbox"/>	<input type="checkbox"/> 81	<input type="checkbox"/> 81		O	N	
15:	<input type="checkbox"/>	<input type="checkbox"/> 81	<input type="checkbox"/> 81		O	N	
20:	<input type="checkbox"/>	<input type="checkbox"/> 81	<input type="checkbox"/> 81		O	N	
25:	<input type="checkbox"/>	<input type="checkbox"/> 81	<input type="checkbox"/> 81		O	N	
30:	<input type="checkbox"/>	<input type="checkbox"/> 81	<input type="checkbox"/> 81		O	N	
Instantaneous Bradenhead PSIG at end of test: > 0							

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 D; 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							
Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow	Intermediate Fluid	
00:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
05:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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:

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: Operator A Phone: _____

Signed: _____ Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____