

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 shown.
Step 2: Stopper flow if intermediate or surface casing pressure > 25 psi. In otherwise cases, 1 psi.
Step 3: Conduct Bradenhead test.
Step 4: Conduct intermediate casing test.
Step 5: Send report to BLM within 90 days and to OTOCC within 10 days. Include wellbore diagram if not previously submitted. If wellbore configuration has changed since prior program, attach plan and log analysis if sampled.

1. OTOCC Operator Number: _____
2. Name of Operator: Williford BLM License No.: _____
3. API Number: _____
4. Well Name: Longshot #7 Number: _____
5. Multiple completion? Yes No
6. Location (Circle, Sec, Twp, Rng, N/S/E): NW SW 7 33 11
7. County: La Plata Field Name: _____
8. Minerals: Fee State Federal Indian

11. Date of Test: 10/14/21
12. Well Status: Flowing Shut In
 Gas Lift Pumping Injection
 Check/Interruption
 Plugger LBR
13. Number of Casing Strings:
 Two Three Other?

14. STEP 1: EXISTING PRESSURES

Record all pressures as found:	Tubing:	Tubing:	Prod. Casing:	Intermediate Casing:	Surface Casing:
Feet:	Feet:	<u>6.7</u>	Feet:	<u>2.2</u>	<u>2</u>
					<u>0</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Prod. Tubing:	Intermediate 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 0; V = Vapor H = Water H2O; M = Mud; W = Whirlpool; S = Surge; G = Gas	05:	<u>0</u>	<u>6.7</u>	<u>2.2</u>	<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	10:				<u>END TEST</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Frothy <input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe): _____	15:				
Sample cylinder number: _____	20:				
	25:				
	30:				

Note instantaneous Bradenhead PSIG at end of test.

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)	Prod. Tubing:	Intermediate 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 0; V = Vapor H = Water H2O; M = Mud; W = Whirlpool; S = Surge; G = Gas	05:	<u>3 SEC</u>	<u>6.7</u>	<u>2.2</u>	<u>D-W</u>
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	10:		<u>6.7</u>	<u>2.1</u>	<u>W</u>
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Frothy <input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe): _____	15:		<u>6.7</u>	<u>2.1</u>	<u>W</u>
Sample cylinder number: _____	20:		<u>6.7</u>	<u>2.1</u>	<u>W</u>
	25:		<u>6.7</u>	<u>2.1</u>	<u>W</u>
	30:		<u>6.7</u>	<u>2.1</u>	<u>W</u>

Note instantaneous Intermediate Casing PSIG at end of test. **TSTM**

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 Kennedy Title: Tech Phone: 970 238 1206
Signed: [Signature] Title: _____ Date: 10/14/21
Agency: _____