



State of Colorado Oil and Gas Conservation Commission

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



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.htm#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:		11. Date of Test: 2/23/2022	
2. Name of Operator: CHEVRON USA INC		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
4. API Number: 05-103-07650		6. Well Name: Union Pacific		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW Sec 29, T2N, R102W, 6th PM		8. Country: RIO BLANCO		<input type="checkbox"/> Clock/Intermittent	
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		<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.			
14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: Fm: 60	Tubing: Fm:	Prod. Casing: Fm: 100	Intermediate Cag:	Surface Casing: 278

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 = Whimper. Describe fluid type in "Bradenhead Fluid" column: H = Water H ₂ O; 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	Bradenhead Flow	Bradenhead Fluid	
00:	= 60	=	= 100		C	G	
05:	= 60	=	= 100		W	G	
10:	= 60	=	= 100		W	G	
15:	= 60	=	= 100		W	G	
20:	= 60	=	= 100		C	G	
25:	= 60	=	= 100		D	N	
30:	= 60	=	= 100		D	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 B; S = Surge; W = Whimper. Describe fluid type in "Intermediate Fluid" column: H = Water H ₂ O; 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:	=	=	=				
05:	=	=	=				
10:	=	=	=				
15:	=	=	=				
20:	=	=	=				
25:	=	=	=				
30:	=	=	=				
Instantaneous Intermediate Casing PSIG at end of test: >							

16. 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: Kyle Hixson Title: Lease Operator 2 Phone: 970-620-3708

Signed: Title: Date:

WITNESSED BY: Title: Agency:

