



# 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 found.  
 Step 2: Sample flow, if intermediate or surface casing pressure > 20 psi, in separate areas, 1 psi.  
 Step 3: Conduct Bradenhead test.  
 Step 4: Conduct intermediate casing test.  
 Step 5: Send report to OGC within 10 days and to OGC 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. OGCC Operator Number:	2. Name of Operator: <u>Williford</u>	3. DLM License No.:	11. Date of Test: <u>10/13/21</u>
4. API Number:	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	13. Number of Casing Strings: <input type="checkbox"/> Two <input checked="" type="checkbox"/> Three <input type="checkbox"/> Other
6. Well Name: <u>Spickelmier #1</u>	7. Location (Ore, Sec, Twp, Rng, Meridian): <u>4 4 29 33 12</u>	8. County: <u>La Plata</u>	9. Field Name:
10. Minerals: <input 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: <u>N/A</u>	Intermediate Casing: <u>TSTM</u>
		Surface Casing: <u>23.8</u>	

STEP 3: BRADENHEAD TEST					
Elapsed Time (Min:Sec)	Flow	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow	
00:00	D	N/A	1.9	TSTM	D-W
05:14	SEC		1.9		W
10:00			1.9		W
15:00			1.9		W
20:00			1.9		W
25:00			1.9		W
30:00			1.9		W
Note instantaneous Bradenhead PSIG at end of test:					TSTM

STEP 4: INTERMEDIATE CASING TEST					
Elapsed Time (Min:Sec)	Flow	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow	
00:00	D	N/A	1.9		D
05:00	Puff		1.9		Φ
10:00			1.9		Φ
15:00					
20:00					
25:00					
30:00					
Note instantaneous Intermediate Casing PSIG at end of test:					Φ

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: 10/13/21

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_