



State of Colorado  
Oil and Gas Conservation Commission

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FOR BACK USE ONLY

BRADENHEAD TEST REPORT

Step 1: Record all tubing and casing pressures as found.  
Step 2: Sample flow, if intermediate or surface casing pressure > 25 psi. In separate areas, 1 psi.  
Step 3: Conduct Bradenhead test.  
Step 4: Conduct intermediate casing test.  
Step 5: Send report to BLM within 90 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior production. Attach gas and liquid analyses if samples.

1. OGCC Operator Number	1. BLM Lease No.	11. Date of Test: 10/12/21
2. Name of Operator: Williford	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut in
4. API Number	6. Well Name: Fields #1	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (Grid, Sec, Twp, Rng, Meridian): 44 36 34 12	8. County: La Plata	<input type="checkbox"/> Casing/intermediate
9. Field Name	10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	<input type="checkbox"/> Plunger Lift
14. STEP 1: EXISTING PRESSURES		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other?
Record all pressures as found	Tubing: 1# Prod. Casing: 2.4# Intermediate Casing: 37# Surface Casing: 0	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)	For Tubing	For Casing	Production 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 = Whisper; S = Surge; G = Gas	00	0	1#	2.4	37	0
	05		1#	2.4	37	0
	10		1#	2.4	37	0
	15					
	20					
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		End Test				
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh						
<input type="checkbox"/> Sulfur <input type="checkbox"/> Sassy <input type="checkbox"/> Black						
<input type="checkbox"/> Other (describe)						
Sample cylinder number						
Note instantaneous Bradenhead PSIG at end of test: 0						

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)	For Tubing	For Casing	Production 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 = Whisper; S = Surge; G = Gas	00	50 sec	1#	2.4		W
	05		1#	2.3		W
	10		1#	2.3		W
	15		1#	2.4		W
	20		1#	2.4		W
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Character of intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh						
<input type="checkbox"/> Sulfur <input type="checkbox"/> Sassy <input type="checkbox"/> Black						
<input type="checkbox"/> Other (describe)						
Sample cylinder number						
Note instantaneous Intermediate Casing PSIG at end of test: TSTM						

18. Comments: NOT Pumping
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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: 10/12/21	
WITNESSED BY:	Title:	Agency:	