



# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

## BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.  
Step 2. Sample now. If intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.  
Step 3. Conduct Bradenhead test.  
Step 4. Conduct intermediate casing test.  
Step 5. Send report to BLM within 30 days and to OGCC 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: 10560		3. BLM Lease No:		11. Date of Test: 9-18-22	
2. Name of Operator: WEST TEXAS OPERATING CO. L.L.C. (DBA: XTENCO ENERGY)		4. API Number: 05-009-06567		12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. Well Name: Cook		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (Otr/Otr, Sec, Twp, Rng, Meridian): SESW 7 33S43W 6		8. County: Baca		<input type="checkbox"/> Clock/Intermittent	
9. Field Name: SPELUNKER		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?		14. STEP 1: EXISTING PRESSURES			
15.		STEP 2: See instructions above.			

STEP 3: BRADENHEAD TEST						
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas		
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe)		
Sample cylinder number:						
Elapsed Time (Min Sec)	Fm. MV Tubing	Fm. Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow	
00:	0		21		O	
05:	0		21		O	
10:	0		21		O	
15:	0		21		O	
20:	0		21		O	
25:	0		21		O	
30:	0		21		O	
Note instantaneous Bradenhead PSIG at end of test: > 0						

STEP 4: INTERMEDIATE CASING TEST						
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No		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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas		
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe)		
Sample cylinder number:						
Elapsed Time (Min Sec)	Fm. Tubing	Fm. Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow	
00:						
05:						
10:						
15:						
20:						
25:						
30:						
Note 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: Shawn Crane Title: Pumper Phone: 719-353-2526

Signed: Title: Date: 9-18-22

WITNESSED BY: Title: Agency: