

FORM  
37  
Rev. 12-19-64

State of Colorado  
Oil and Gas Conservation Commission

1128 Lincoln Street, Suite 207, Denver, Colorado 80203 1339 894-2100 Fax: (303) 694-2100

# BRADENHEAD TEST REPORT

- Step 1: Report all missing and missing procedures as listed.  
Step 2: Sample data, if high frequency or surface casing problems not yet in separate control, 1. Do  
Step 3: Conduct blowdown test.  
Step 4: Conduct intermediate casing test.  
Step 5: Send report to BLM within 30 days after BLM is notified within 10 days. Include wellbore diagram if not previously submitted.  
Step 6: Submit report to BLM within 30 days after BLM is notified within 10 days. Include wellbore diagram if not previously submitted.

FOR NAC USE ONLY

11. Date of Test:	0	26	22
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1. QGCC Operator Number: \_\_\_\_\_ 3. BLS License No: \_\_\_\_\_  
2. Name of Operator: Willi Ford  
4. APJ Number: 0506796861 5. Multiple completion? ☐ Yes ☒ No  
6. Will Name: Long Schluter #2D Number: \_\_\_\_\_  
7. Location (City, Sec, Twp, Rng, Meridian): SE NW 7 33 11  
8. County: \_\_\_\_\_  
9. Estimate: ☐ Free ☐ State ☐ Federal ☐ Other \_\_\_\_\_

12. Well Status: ☐ Flowing ☐ Shut in  
☐ Gas Lift ☒ Pumping ☐ Injection  
☐ Click/Intermittent  
☐ Plunger Lift

13. Number of Loading Straps: ☐ Two ☒ Three ☐ Linear

STEP 4: EXISTING PRESSURES				
Record all pressures as found:	Yrapping	Tubing	Feed Casing	Intermediate Casing
	10	2.2	2.2	1.1

15. STEP 2: See instructions above.

### STEP 3: BRADENHEAD TEST

Buried valve?		Confirmed open?	Yes	No	Reason Time After Seal	Flow	Pressure	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:					1	3 sec	10	2.2	2.2	D
					05	1/4 Valve	10	2.2	2.2	O
					15		10	2.2	2.2	O
					25		10	2.2	2.2	O
					30					
BRADENHEAD SAMPLE TAKEN?					20	End Test				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid					25					
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Frothy <input type="checkbox"/> Solids <input type="checkbox"/> Gels <input type="checkbox"/> Bubbles <input type="checkbox"/> Other (describe)					30					
Sample cylinder number:					Note instantaneous Bradenhead PSIG at end of test. > 4					

### STEP 4: INTERMEDIATE CASING TEST

Bored valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Flow Tubing	Flow Tubing	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			00		10	19		C-V
			05		10	1.2		W
			10		10	1		W
			15		10	.7		W
			20		10	.3		W
			25		10	0		W
			30		10	0		W
G = No Flow    C = Continuous    D = Down to 0    V = Vapor H = Water H2O    M = Mud    W = Whirlpool    S = Surge    B = Gas			INTERMEDIATE SAMPLE TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid					
Character of Intermediate Fluid: <input type="checkbox"/> Clear <input type="checkbox"/> F/Grain <input type="checkbox"/> Solids <input type="checkbox"/> Slurry <input type="checkbox"/> Greasy <input type="checkbox"/> Other (describe)			Sample cylinder numbers					

Note: Intermediate/Source Intermediate Casing PSIG at end of test

18. Comments:

18. STEP 5: See instructions #10-15.

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 Kenned Title: Tech Phone: 970 738 1206

Signed: [Signature] Date: 10/6/67  
WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_