

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGC 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 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. OGC Operator Number: <u>10758</u>	3. BLM Lease No.:	11. Date of Test: <u>5/19/23</u>
2. Name of Operator: <u>OGC Operating LLC</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: <u>07637</u>	Number: <u>33-CX</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
6. Well Name: <u>Hill Ranch</u>	7. Location (Qtr/Dir, Sec, Twp, Rng, Meridian): <u>SE/NEW 35-34S-62W</u>	<input type="checkbox"/> Cased/Intermittent
8. County: <u>Las Animas</u>	9. Field Name: <u>Purgatoire River</u>	<input type="checkbox"/> Plunger Lift
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing Fm: <u>0</u>	Tubing Fm: <u>-1</u>
	Prod. Casing Fm: <u>-1</u>	Intermediate Casing Fm: <u>0</u>
		Surface Casing Fm: <u>0</u>
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 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 = Whisper; 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) <u>N/A</u>					
Sample cylinder number: <u>N/A</u>					
Note instantaneous Bradenhead PSIG at end of test: >					
Elapsed Time (Min Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
00	<u>0</u>		<u>-1</u>		<u>0</u>
05	<u>0</u>		<u>-1</u>		<u>0</u>
10	<u>0</u>		<u>-1</u>		<u>0</u>
15	<u>0</u>		<u>-1</u>		<u>0</u>
20	<u>0</u>		<u>-1</u>		<u>0</u>
25	<u>0</u>		<u>-1</u>		<u>0</u>
30	<u>0</u>		<u>-1</u>		<u>0</u>

17. 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 = Whisper; 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:					
Note instantaneous Intermediate Casing PSIG at end of test: >					
Elapsed Time (Min Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
00					
05					
10					
15					
20					
25					
30					

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: Nick Spillman Title: Roostabaw Phone: 719-497-6446Signed: Nick Spillman Title: Date: 5/19/23

WITNESSED BY: Title: Agency: