

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: <u>76830</u>	11. Date of Test: <u>6-8-2024</u>
2. Name of Operator: <u>SCHMID PROPERTIES INC.</u>	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
3. BLM Lease No: _____	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
4. API Number: <u>121-08561</u>	<input type="checkbox"/> Clock/Intermittent
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: <u>CLARK</u>	13. Number of Casing Strings: _____
7. Location (Dir/Oil, Sec, Twp, Rng, Meridian): <u>SENE-35-T3N-R52W</u>	<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
8. County: <u>WASHINGTON</u>	
9. Field Name: <u>EAST AKRON</u>	
10. Minerals: <input checked="" 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>21</u> Fm: _____
	Tubing: <u>21</u> Fm: _____
	Prod. Casing: <u>21</u> Fm: _____
	Intermediate Csg: _____
	Surface Casing: <u>0</u>
15. STEP 2: See instructions above.	

16. STEP 3: BRADENHEAD TEST							
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
		Tubing:	Tubing:	Tubing:			
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		00:	<u>21</u>	<u>21</u>	<u>21</u>		<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:	<u>21</u>	<u>21</u>	<u>21</u>		<u>0</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		10:	<u>21</u>	<u>21</u>	<u>21</u>		<u>0</u>
<input type="checkbox"/> Other: (describe) _____		15:	<u>21</u>	<u>21</u>	<u>21</u>		<u>0</u>
Sample cylinder number: _____		20:	<u>21</u>	<u>21</u>	<u>21</u>		<u>0</u>
		25:	<u>21</u>	<u>21</u>	<u>21</u>		<u>0</u>
		30:	<u>21</u>	<u>21</u>	<u>21</u>		<u>0</u>
Note instantaneous Bradenhead PSIG at end of test: >							

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	Elapsed Time (Min:Sec)	Fm: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
		Tubing:	Tubing:	Tubing:			
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		00:					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:					
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		10:					
<input type="checkbox"/> Other: (describe) _____		15:					
Sample cylinder number: _____		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: Tim Schoen Title: Pumper Phone: 970-554-0123Signed: Tim Schoen Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____