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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: _____	3. BLM Lease No: _____	11. Date of Test: <u>7-28-24</u>
2. Name of Operator: _____	5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: _____	6. Well Name: <u>Bigfoot</u> Number: <u>11-10-3</u>	<input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (Qtr, Sec, Twp, Rng, Meridian): _____	9. Field Name: _____	<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
8. County: _____	10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	13. Number of Casing Strings: _____
14. STEP 1: EXISTING PRESSURES		15. STEP 2: See instructions above.
Record all pressures as found	Tubing: Fm: _____	Prod. Casing: Fm: <u>667</u>
	Tubing: Fm: <u>429</u>	Intermediate Csg: _____
		Surface Casing: <u>0</u>

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	Elapsed Time (Min:Sec)	Fm: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG
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:	Tubing: _____	Tubing: <u>429</u>	<u>667</u>	Bradenhead Flow: <u>No flow</u>
		05:		<u>418</u>	<u>668</u>	<u>No flow</u>
		10:		<u>388</u>	<u>668</u>	<u>No flow</u>
		15:		<u>392</u>	<u>668</u>	<u>No flow</u>
		20:		<u>392</u>	<u>668</u>	<u>No flow</u>
		25:		<u>415</u>	<u>668</u>	<u>No flow</u>
		30:		<u>420</u>	<u>668</u>	<u>No flow</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Note instantaneous Bradenhead PSIG at end of test: > <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 <input type="checkbox"/> Other: (describe) _____						
Sample cylinder number: _____						

BH Fluid
No fluid
No fluid
No fluid
No fluid
No fluid
No fluid
No fluid

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
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:	Tubing: _____	Tubing: _____		Intermediate Flow: _____
		05:				
		10:				
		15:				
		20:				
		25:				
		30:				
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Note instantaneous Intermediate Casing PSIG at end of test: > _____				
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: _____						

18. Comments: <u>Annual Bradenhead Test: No Bradenhead psi observed.</u>
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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: Rudy Baraza Title: Production Supervisor Phone: 915-491-0311

Signed: _____ Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____