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State of Colorado Oil and Gas Conservation Commission

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



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>Pigfoot</u>		<input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (Qtr, Sec, Twp, Rng, Meridian): _____		Number: <u>11-9-2</u>		<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
8. County: _____		9. Field Name: _____		13. Number of Casing Strings: _____	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian				<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: _____	Tubing: Fm: <u>352</u>	Prod. Casing: Fm: <u>605</u>	Intermediate Csg: _____	Surface Casing: _____
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		Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
<p>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:</p> <p>O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p> <p>BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>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) _____</p> <p>Sample cylinder number: _____</p>		00:		<u>352</u>	<u>605</u>		No flow
		05:		<u>353</u>	<u>605</u>		No flow
		10:		<u>347</u>	<u>605</u>		No flow
		15:		<u>349</u>	<u>605</u>		No flow
		20:		<u>351</u>	<u>605</u>		No flow
		25:		<u>355</u>	<u>605</u>		No flow
30:		<u>360</u>	<u>605</u>		No flow		
Note instantaneous Bradenhead PSIG at end of test: <u>> 0</u>							

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: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
<p>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:</p> <p>O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p> <p>INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>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) _____</p> <p>Sample cylinder number: _____</p>		00:					
		05:					
		10:					
		15:					
		20:					
		25:					
30:							
Note instantaneous Intermediate Casing PSIG at end of test: <u>></u>							

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 Barraza Title: Production Supervisor Phone: 915-491-0311
Signed: _____ Title: _____ Date: _____
WITNESSED BY: _____ Title: _____ Agency: _____