

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (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: <u>10758</u>						11. Date of Test: <u>11-18-24</u>			
2. Name of Operator: <u>OGRI OPERATING LLC</u>						12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In			
4. API Number: <u>071-08733</u>						<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection			
6. Well Name: <u>Golden Eagle</u>						<input type="checkbox"/> Clock/Intermitter			
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NW/NE 20-33S-67W</u>						<input type="checkbox"/> Plunger Lift			
8. County: <u>LAS ANIMAS</u>						13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner			
9. Field Name: <u>PURGATOIRE RIVER</u>						15. STEP 2: See instructions above.			
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>0</u>	Tubing: <u>0</u>	Prod. Casing: <u>0</u>	Intermediate Csg: <u>0</u>	Surface Csg: <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: Tubing	Fm: Tubing	Production Csg PSIG	Intermediate Csg 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.) Report 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>0</u>		<u>0</u>		<u>0</u>
				05:	<u>0</u>		<u>0</u>		<u>0</u>
				10:	<u>0</u>		<u>0</u>		<u>0</u>
				15:	<u>0</u>		<u>0</u>		<u>0</u>
				20:	<u>0</u>		<u>0</u>		<u>0</u>
				25:	<u>0</u>		<u>0</u>		<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30:	<u>0</u>		<u>0</u>		<u>0</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clean <input type="checkbox"/> Fresh				Note instantaneous Bradenhead PSIG at end of test: <u>&gt;</u>					
<input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Black									
Other: (describe) <u>NA</u>									
Sample cylinder number: <u>NA</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		Elapsed Time (Min: Sec)	Fm: Tubing	Fm: Tubing	Production Csg PSIG	Intermediate Csg PSIG	Bradenhead Flow:
With gauges monitoring production, intermediate 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:					
				05:					
				10:					
				15:					
				20:					
				25:					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No				30:					
Character of Intermediate fluid: <input type="checkbox"/> Clean <input type="checkbox"/> Fresh				Note instantaneous Intermediate Casing PSIG at end of test: <u>&gt;</u>					
<input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Black									
Other: (describe)									
Sample cylinder number:									
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: Facundo Silva

Title: \_\_\_\_\_

Phone: 719-497-0446

Signed: \_\_\_\_\_

Date: 11-18-24

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_