



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: _____
2. Name of Operator: _____ 5. Multiple completion? ☐ Yes ☒ No
4. API Number: _____ Number: _____
6. Well Name: VERICK
7. Location (Ctr/Qty, Sec, Twp, Rng, Meridian): _____
8. County: _____ 9. Field Name: _____
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 12-14-24
12. Well Status: ☐ Flowing ☒ Shut In
☐ Gas Lift ☐ Pumping ☐ Injection
☐ Clock/Intermittent ☐ Plunger Lift
13. Number of Casing Strings: ☒ Two ☐ Three ☐ Liner?

14. STEP 1: EXISTING PRESSURES
Record all pressures as found
Tubing: _____ Fm: 5
Tubing: _____ Fm: 1
Prod. Casing: _____ Fm: 5
Intermediate Csg: _____ Fm: 1
Surface Casing: _____ Fm: 0

15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST

Buried valve? ☐ Yes ☒ No Confirmed open? ☐ Yes ☒ 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?
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
☐ Other: (describe) _____

Sample cylinder number: _____

| Elapsed Time (Min/Sec) | Fm: _____ Tubing | Fm: _____ Tubing | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow |
|------------------------|------------------|------------------|------------------------|--------------------------|-----------------|
| 00: | <u>5</u> | <u>1</u> | <u>5</u> | <u>1</u> | <u>0</u> |
| 05: | <u>5</u> | <u>1</u> | <u>5</u> | <u>1</u> | <u>0</u> |
| 10: | <u>5</u> | <u>1</u> | <u>5</u> | <u>1</u> | <u>0</u> |
| 15: | <u>5</u> | <u>1</u> | <u>5</u> | <u>1</u> | <u>0</u> |
| 20: | <u>5</u> | <u>1</u> | <u>5</u> | <u>1</u> | <u>0</u> |
| 25: | <u>5</u> | <u>1</u> | <u>5</u> | <u>1</u> | <u>0</u> |
| 30: | <u>5</u> | <u>1</u> | <u>5</u> | <u>1</u> | <u>0</u> |

Note instantaneous Bradenhead PSIG at end of test: 0

17. STEP 4: INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☒ No Confirmed open? ☐ Yes ☒ 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?
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Intermediate fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
☐ Other: (describe) _____

Sample cylinder number: _____

| Elapsed Time (Min/Sec) | Fm: _____ Tubing | Fm: _____ Tubing | Production Casing PSIG | Intermediate Casing PSIG | Intermediate Flow |
|------------------------|------------------|------------------|------------------------|--------------------------|-------------------|
| 00: | | | | | |
| 05: | | | | | |
| 10: | | | | | |
| 15: | | | | | |
| 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 Crumley Title: Operator Phone: 970-268-5659

Signed: Tim Crumley Title: _____ Date: 12-14-24

WITNESSED BY: _____ Title: _____ Agency: _____