



FOR DGCC 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 Golden Thread 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 report. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: _____			3. BLM Lease No: _____			11. Date of Test: <u>12-14-27</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: _____			Number: <u>1</u>			<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
6. Well Name: <u>Wright</u>			7. Location (Qtr, Sec, Twp, Rng, Meridian): _____			13. Number of Casing Strings: <input checked="" type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
8. County: _____			9. Field Name: _____				
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian							
STEP 1: EXISTING PRESSURES							
Record all pressures as found		Tubing: <u>25</u> Fm: _____	Tubing: <u>✓</u> Fm: _____	Prod. Casing: <u>25</u> Fm: _____	Intermediate Csg: <u>✓</u>	Surface Casing: <u>0</u>	15. STEP 2: See instructions above.

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)	Fr. Tubing	Fr. Tubing	Production Casing PSIG	Intermediate Casing 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.) 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 H ₂ O; M = Mud; W = Whisper; S = Surge; G = Gas				00:	25		25		O
				05:	25		25		O
				10:	25		25		O
				15:	25		25		O
				20:	25		25		O
				25:	25		25		O
				30:	25		25		O
Bradenhead Sample Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid 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: _____				Note instantaneous Bradenhead PSIG at end of test: > 0					

STEP 4: INTERMEDIATE CASING TEST							
17. 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
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 H ₂ O; M = Mud; W = Whimper; S = Surge; G = Gas		00:					
		05:					
		10:					
		15:					
		20:					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		25:					
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) _____		30:					
Sample cylinder number: _____		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: 970 768 5639

Signed: [Signature] Title: _____ Date: 12-17-21

WITNESSED BY: _____ Title: _____ Agency: _____