



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: 10679		3. BLM Lease No:		11. Date of Test: 6-25-25	
2. Name of Operator: LOGOS Operating, LLC		5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
4. API Number: 05-067-05524		6. Well Name: Bondad 33-9		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (Qtr, Sec, Twp, Rng, Meridian): NWNW, 6, 33N, 9W		8. County: La Plata		<input type="checkbox"/> Clock/Intermittent	
9. Field Name: Ignacio Blanco		10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		<input type="checkbox"/> Plunger Lift	
13. Number of Casing Strings:		14. STEP 1: EXISTING PRESSURES		15. STEP 2: See instructions above.	
Record all pressures as found		Tubing: Fm: 33	Tubing: Fm:	Prod. Casing: Fm: 33	Intermediate Csg: Fm:
				Surface Casing: 0	

16. STEP 3: BRADENHEAD 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
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:	33		33	0
		05:	33		33	0
		10:	33		33	0
		15:	33		33	0
		20:				
		25:				
BRADENHEAD SAMPLE TAKEN?		30:				
<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: >				
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) NONE						
Sample cylinder number:						

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
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:				
		05:				
		10:				
		15:				
		20:				
		25:				
INTERMEDIATE SAMPLE TAKEN?		30:				
<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:						

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: Frankie Carrillo Title: Operator Phone: 505 483-4394

Signed: [Signature] Title: _____ Date: 6-25-25

WITNESSED BY: _____ Title: _____ Agency: _____