

# 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 flow, if intermediate or surface casing pressure >26 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: 10819  
 2. Name of Operator: Prairie De Go  
 3. BLM Lease No: \_\_\_\_\_  
 4. API Number: 05-123-51459  
 5. Multiple completion?  Yes  No  
 6. Well Name: Schneider Number: 5  
 7. Location (Twp, Sec, Rng, Meridian): \_\_\_\_\_  
 8. County: Weld 9. Field Name: \_\_\_\_\_  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 1/9/26  
 12. Well Status:  Flowing  Shut In  
 Gas Lift  Pumping  Injection  
 Cased/Intermittent  
 Plunger Lift

13. Number of Casing Strings:  
 Two  Three  Linear?

14. STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: Fm: <u>0</u>	Tubing: Fm: _____	Prod. Casing: Fm: <u>0</u>	Intermediate Casing: Fm: _____	Surface Casing: Fm: <u>0</u>
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16. STEP 2: See instructions above.

15. 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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
		Tubing:	Tubing:			
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: 0 = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whirlpool; S = Surge; G = Gas 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"/> Frothy <input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____ Sample cylinder number: _____	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>
30:	<u>0</u>		<u>0</u>		<u>0</u>	
Note instantaneous Bradenhead PSIG at end of test: <u>0</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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
		Tubing:	Tubing:			
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: 0 = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whirlpool; S = Surge; G = Gas INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Frothy <input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____ Sample cylinder number: _____	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Intermediate Casing PSIG at end of test: >						

19. Comments: Pre Flow

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: Wade Hood Title: Compliance Specialist Phone: (970) 302-1499  
 Signed: Wade Hood Title: \_\_\_\_\_ Date: \_\_\_\_\_