

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OSCC USE ONLY

## BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures at least.  
Step 2. Sample gas at five minute intervals or surface casing pressure >25 psi. in sensitive areas, 1 psi.  
Step 3. Conduct intermediate casing test.  
Step 4. Conduct intermediate casing test.  
Step 5. Send report to BLM within 30 days and to OGC 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. OGC Operator Number: 10084  
2. Name of Operator: WONDER RESOURCES 3. BLM Lease No: N/A  
4. API Number: 05-071-06367 5. Multiple completion? ☐ Yes ☒ No  
6. Well Name: CINDY B Number: D-20  
7. Location (Circle, Sec, Twp, Rng, Meridian): NW/4 Sec 20-T33S-R65W  
8. County: LAS ANIMAS 9. Field Name: VERMONTTIRE AREA

10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

## 14. STEP 4: EXISTING PRESSURES

Record all pressures as found	Tubing	Prod. Casing	Intermediate Cag	Surface Casing
Fnc	Fnc	Fnc		
		8 1/2		0

## STEP 3: BRADENHEAD TEST

Buried valve?	Yes	No	Confirmed open?	Yes	No	Elapsed Time (Min Sec)	Fnc	Tubing	Fnc	Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			00:					8 1/2		0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			05:							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			10:							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			15:							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			20:							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			25:							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			30:							

Note instantaneous Bradenhead PSIG at end of test: >

## BRADENHEAD SAMPLE TAKEN?

☐ Yes ☒ No ☐ Gas ☐ Liquid  
Character of Bradenhead fluid: ☐ Clear ☐ Fresh  
☐ Sulur ☐ Salty ☐ Black  
☐ Other: (describe)

Sample cylinder number:

## STEP 4: INTERMEDIATE CASING TEST

Buried valve?	Yes	No	Confirmed open?	Yes	No	Elapsed Time (Min Sec)	Fnc	Tubing	Fnc	Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			00:							223
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			05:							198
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			10:							168
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			15:							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			20:							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			25:							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			30:							

Note instantaneous Intermediate Casing PSIG at end of test: >

## INTERMEDIATE SAMPLE TAKEN?

☐ Yes ☐ No ☐ Gas ☐ Liquid  
Character of Intermediate fluid: ☐ Clear ☐ Fresh  
☐ Sulur ☐ Salty ☐ Black  
☐ Other: (describe)

Sample cylinder number:

15. Comments: Water produced to pit

## 16. 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: ISRAEL ARDEANS Title: Electrician Phone: 719 846 7898Signed: [Signature] Title:  Date: 7-6-09WITNESSED BY:  Title:  Agency: