

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: <u>Noble Energy</u>		5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. API Number: _____		Number: <u>14-41</u>	
6. Well Name: <u>LHI</u>		7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NESE SEC 14 T4N R67W</u>	
8. County: <u>Weld</u>		9. Field Name: <u>WATTENBURG</u>	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		11. Date of Test: _____	
14. STEP 1: EXISTING PRESSURES		12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input checked="" type="checkbox"/> Plunger Lift	
Record all pressures as found	Tubing: _____ Fm: _____	Tubing: _____ Fm: _____	Prod. Casing: _____ Fm: _____
		Intermediate Csg: _____	Surface Casing: <u>240</u> #
		13. Number of Casing Strings: _____ <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
		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)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production 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:		<u>460</u>	<u>460</u>
		05:		<u>460</u>	<u>460</u>
		10:		<u>460</u>	<u>460</u>
		15:		<u>460</u>	<u>460</u>
		20:		<u>460</u>	<u>460</u>
		25:		<u>460</u>	<u>460</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:		<u>460</u>	<u>460</u>
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) _____		Note instantaneous Bradenhead PSIG at end of test: <u>> .25</u> # est			
Sample cylinder number: _____					

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
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:			
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) _____		Note instantaneous Intermediate Casing PSIG at end of test: >			
Sample cylinder number: _____					
18. Comments: <u>240# Blew down in 2 seconds to a whisper then to only VAPOR.</u>					

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: Rob Ingino Title: ASST PROD FOREMAN Phone: 970 539 1809Signed: [Signature] Title: _____ Date: 1-23-15

WITNESSED BY: _____ Title: _____ Agency: _____