

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: _____	11. Date of Test: <u>2-19-15</u>
2. Name of Operator: <u>NOBLE ENERGY</u>	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
3. BLM Lease No: _____	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
4. API Number: _____	<input type="checkbox"/> Clock/Intermittent
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Plunger Lift
6. Well Name: <u>KARL BERG STATE 34-44</u> Number: _____	13. Number of Casing Strings: _____
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____	<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
8. County: <u>WELD</u>	
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: Fm: _____	Tubing: Fm: <u>594</u>	Prod. Casing: Fm: <u>1090</u>	Intermediate Csg: Fm: _____	Surface Casing: Fm: <u>950</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  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	Elapsed Time (Min:Sec)	Fm: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
	00:					
	05:		<u>594</u>	<u>1090</u>		<u>950</u>
	10:		<u>594</u>	<u>1090</u>		✓
	15:		<u>594</u>	<u>1090</u>		✓
	20:		<u>594</u>	<u>1090</u>		✓
	25:		<u>594</u>	<u>1090</u>		✓
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input 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: _____	30:		<u>594</u>	<u>1090</u>		✓
	Note instantaneous Bradenhead PSIG at end of test: > ✓					

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  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	Elapsed Time (Min:Sec)	Fm: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
	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  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: _____	30:					
	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: STEVE BEAM Title: ASST FOREMAN Phone: (970) 817-5206Signed: Steve Beam Title: \_\_\_\_\_ Date: 2-19-15

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_