

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: _____	
2. Name of Operator: _____						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/Intermitter	
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Plunger Lift	
6. Well Name: _____						13. Number of Casing Strings: _____	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____						<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
8. County: _____						15. _____	
9. Field Name: _____						STEP 2: See instructions above.	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian							
14. STEP 1: EXISTING PRESSURES							
Record all pressures as found	Tubing: Fm: _____	Tubing: Fm: _____	Prod. Casing: Fm: _____	Intermediate Csg: Fm: _____	Surface Casing: Fm: _____		

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	Bradenhead Flow:
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:					
		05:					
		10:					
		15:					
		20:					
		25:					
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:					
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: >					
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	Intermediate Flow:
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: _____ _____ _____							

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: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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