

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>1/26/02</u>
2. Name of Operator: <u>Putina Oil</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: <u>123-14585</u>	<input type="checkbox"/> Clock/Intermitter
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: <u>GWB</u>	13. Number of Casing Strings: <u>3</u>
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>S44W - S31 - 2N - 6E</u>	<input type="checkbox"/> Two <input checked="" 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:	Tubing:	Prod. Casing:	Intermediate Csg:	Surface Casing:
	Fm: _____	Fm: _____	Fm: _____		

15. STEP 2: See instructions above.

STEP 3: BRADENHEAD 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, 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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
	00:	Tubing: _____	Tubing: _____			
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
	00:	Tubing: _____	Tubing: _____			
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Intermediate Casing PSIG at end of test: > _____						

18. Comments: Gas Sample Taken

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: Ram Jamuna Title: Production Foreman Phone: 970-303-4561

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

WITNESSED BY: Jude Pamel Title: PET Agency: COGCC



**COLORADO OIL & GAS CONSERVATION COMMISSION**  
**WESTERN WELD REGION FIELD INSPECTION REPORT**

**S**

☐ NOTICE OF UNSATISFACTORY INSPECTION  
☒ NOTICE OF SATISFACTORY INSPECTION

4951 Highway 79

Keenesburg, CO 80643 303-732-9414

Date: 1/26/02 Facility ID: Operator: *Patina Oil*  
Location: *SUNN-S31-2N-66W* Lease Name: *GNB 31-5J*  
API Number: 05-123-14585 Inspector: LINDA PAVELKA Cell: 303-886-7223  
INSP TYPE: *HA* INSP STATUS: *PR* RECLAM ☐ PASS ☐ INTER ☐ FAIL PASS/FAIL ☒ P ☐ F VIOLATION ☐ Y ☒ N NOV ☐ Y ☒ N  
UIC VIOL TYPE: ☐ UA ☐ MI ☐ OP ☐ PA ☐ OT TBG/PKR LK ☐ CSG LK ☐ ALL UIC VIOLATIONS REQUIRE NOAVS

Well ID Signs Comments: Fences Y N Comments:  
(Rule 210) Y N (Rule 603.b.(7), 1002.a)

Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY  
SENSITIVE AREA ☐ YES ☐ NO  
Produced Water Pits Total # \_\_\_\_\_ Oil Accumulation? ☐ YES ☐ NO  
Comments: \_\_\_\_\_  
Skimming/Settling Pits Total # \_\_\_\_\_ Covered # \_\_\_\_\_ Uncovered # \_\_\_\_\_  
Comments: \_\_\_\_\_  
Special Purpose Pits Total # \_\_\_\_\_ Lined # \_\_\_\_\_ Unlined # \_\_\_\_\_  
Comments: \_\_\_\_\_

Tank Battery Equipment (Rule 604)  
BURIED OR PARTIALLY BURIED VESSELS: #STEEL \_\_\_\_\_ #FIBERGLASS \_\_\_\_\_ #CONCRETE \_\_\_\_\_ #OTHER \_\_\_\_\_

Fire Walls/Berms/Dikes (Rule 604.a.(4))

General Housekeeping (Rule 603.g)

Spills (Oil/Water) (Rule 906)

UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT  
Inj. Pressure \_\_\_\_\_ Psig COMMENTS  
T-C Ann. Pressure \_\_\_\_\_ Psig  
Brhd. Pressure \_\_\_\_\_ Psig

Drilling Well/Workover (Rule 317)

Surface Rehabilitation (Rule 1003, 1004)

Miscellaneous

CORRECTIVE ACTION REQUIRED: *Gas Samples Taken*

Date Corrective Action Required By: Date Remedied:

This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in a timely manner. Failure to comply may result in enforcement action by the Commission.

White - File Green - Operator Canary - Well Site