

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: \_\_\_\_\_  
 2. Name of Operator: Putina Oil 3. BLM Lease No: \_\_\_\_\_  
 4. API Number: 123-14585 5. Multiple completion?  Yes  No  
 6. Well Name: GWB Number: 31-51  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): S44W - S31 - 2N - 6E  
 8. County: Weld 9. Field Name: \_\_\_\_\_  
 10. Minerals:  Fee  State  Federal  Indian  
 11. Date of Test: 1/26/02  
 12. Well Status:  Flowing  Shut In  
 Gas Lift  Pumping  Injection  
 Clock/Intermitter  
 Plunger Lift  
 13. Number of Casing Strings:  Two  Three  Liner?

14. **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.**

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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
		Tubing:	Tubing:			
	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
	30:					

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

BRADENHEAD SAMPLE TAKEN?  
 Yes  No  Gas  Liquid

Character of Bradenhead fluid:  Clear  Fresh  
 Sulfur  Salty  Black  
 Other: (describe) \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

Note instantaneous Bradenhead PSIG at end of test: >

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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
		Tubing:	Tubing:			
	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
	30:					

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

INTERMEDIATE SAMPLE TAKEN?  
 Yes  No  Gas  Liquid

Character of Intermediate fluid:  Clear  Fresh  
 Sulfur  Salty  Black  
 Other: (describe) \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

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 Jamma Title: Production Foreman Phone: 970-303-4566

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

WITNESSED BY: Jude Pavelka Title: PET Agency: COGCC



# COLORADO OIL & GAS CONSERVATION COMMISSION

## WESTERN WELD REGION FIELD INSPECTION REPORT

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<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	4951 Highway 79 Keenesburg, CO 80643 303-732-9414
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Date: 1/26/02	Facility ID:	Operator: <i>Palma Oil</i>
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Location: <i>SUNN - S31-2N-66W</i>	Lease Name: <i>GNB 31-5J</i>
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API Number: 05-123-14585	Inspector: LINDA PAVELKA Cell: 303-886-7223
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INSP TYPE: <i>3A</i>	INSP STATUS: <i>PC</i>	RECLAM <input type="checkbox"/>	PASS <input type="checkbox"/>	INTER <input type="checkbox"/>	FAIL <input type="checkbox"/>	PASS/FAIL <input checked="" type="checkbox"/> P <input type="checkbox"/> F	VIOLATION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NOV <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
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UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	<small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>
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Well ID Signs (Rule 210) Y N	Fences Y N (Rule 603.b.(7), 1002.a)
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<b>Production Pits</b> (Rule 902, 903, 904) <b>EARTHEN PITS ONLY</b>	Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____
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SENSITIVE AREA  YES  NO

<b>Tank Battery Equipment</b> (Rule 604)	<input type="checkbox"/> <small>BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER</small>
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<b>Fire Walls/Berms/Dikes</b> [Rule 604.a.(4)]	<input type="checkbox"/>
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<b>General Housekeeping</b> (Rule 603.g)	<input type="checkbox"/>
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<b>Spills (Oil/Water)</b> (Rule 906)	<input type="checkbox"/>
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<b>UIC Routine Inspection</b> <small>FILL OUT FORM 21 WHEN WITNESSING MIT</small>	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig Brhd. Pressure _____ Psig	<b>COMMENTS</b>  
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<b>Drilling Well/Workover</b> (Rule 317)	<input type="checkbox"/>
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<b>Surface Rehabilitation</b> (Rule 1003, 1004)	<input type="checkbox"/>
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<b>Miscellaneous</b>	<input type="checkbox"/>
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**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.