

# 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: Merit Energy  
3. BLM Lease No: \_\_\_\_\_  
4. API Number: 133-08542  
5. Multiple completion? ☐ Yes ☐ No  
6. Well Name: Putnam Number: #1  
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW SW - S29 - 2N - 66W  
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/Intermittent  
☐ Plunger Lift  
13. Number of Casing Strings:  
☐ Two ☐ Three ☐ Liner?

### 14. STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: <u>300</u> Fm: _____	Tubing: _____ Fm: _____	Prod. Casing: _____ Fm: _____	Intermediate Csg: _____ Fm: _____	Surface Casing: <u>15</u> 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  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? <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: _____	Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
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  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? <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: _____	Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Intermediate Casing PSIG at end of test: >						

18. Comments: 14 min blow down to 0  
Sample of BH gas taken + Salvo  
of gas

### 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: Jonda Pavella Title: PET Phone: 303-732-9414

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

WITNESSED BY: [Signature] Title: Operations Manager Agency: Merit Energy





# COLORADO OIL & GAS CONSERVATION COMMISSION

## WESTERN WELD REGION FIELD INSPECTION REPORT

☐ NOTICE OF UNSATISFACTORY INSPECTION

☐ NOTICE OF SATISFACTORY INSPECTION

980 S. Fulton

Fort Lupton, CO 80621 303-857-1635

Date: 1/26/02

Facility ID:

Operator:

Location:

Lease Name:

API Number: 05 -123 -

Inspector:

LINDA PAVELKA

Cell: 303-886-7223

INSP TYPE

INSP STATUS

RECLAM ☐ PASS ☐ INTER ☐

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:

(Rule 210) Y N

Fences Y N

Comments:

(Rule 603.b.(7), 1002.a)

Production Pits

(Rule 902, 903, 904)

EARTHEN PITS ONLY

Produced Water Pits

Total #

Oil Accumulation? ☐ YES ☐ NO

Comments:

Skimming/Settling Pits

Total #

Covered #

Uncovered #

Comments:

Special Purpose Pits

Total #

Lined #

Unlined #

Comments:

SENSITIVE AREA ☐ YES ☐ NO

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

T-C Ann. Pressure

Psig

COMMENTS

Drilling Well/Workover

(Rule 317)

Surface Rehabilitation

(Rule 1003, 1004)

Miscellaneous

CORRECTIVE ACTION REQUIRED:

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.





# COLORADO OIL & GAS CONSERVATION COMMISSION

## WESTERN WELD REGION FIELD INSPECTION REPORT

☐ NOTICE OF UNSATISFACTORY INSPECTION  
☒ NOTICE OF SATISFACTORY INSPECTION

980 S. Fulton  
Fort Lupton, CO 80621 303-857-1635

Date: 1/29/02 Facility ID: Operator: West Energy  
Location: NW SW - 889-2N-6W Lease Name: Putnam #1  
API Number: 05 - 123 - 08547 Inspector: LINDA PAVELKA Cell: 303-886-7223

INSP TYPE INSP STATUS RECLAM ☐ PASS ☐ INTER ☐ 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:

(Rule 210) Y N

### Fences Y N

Comments:

(Rule 603.b.(7), 1002.a)

### Production Pits

(Rule 902, 903, 904)

EARTHEN PITS ONLY

Produced Water Pits Total # Oil Accumulation? ☐ YES ☐ NO ☐  
Comments:

Skimming/Settling Pits Total # Covered # Uncovered #  
Comments:

Special Purpose Pits Total # Lined # Unlined #  
Comments:

SENSITIVE AREA ☐ YES ☐ NO

### 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

T-C Ann. Pressure \_\_\_\_\_  
Psig

COMMENTS

### Drilling Well/Workover

(Rule 317)

### Surface Rehabilitation

(Rule 1003, 1004)

### Miscellaneous

### CORRECTIVE ACTION REQUIRED:

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.