

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: 11/21/19	
2. Name of Operator: Marcus Production		3. BLM Lease No:	
4. API Number:	5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
6. Well Name: Livingood	Number: 7-7	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (Qtr, Sec, Twp, Rng, Meridian):		<input type="checkbox"/> Clock/Intermittent	
8. County: Weld	9. Field Name: Caretaker	<input checked="" type="checkbox"/> Plunger Lift	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	13. Number of Casing Strings:		
14. STEP 1: EXISTING PRESSURES		<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
Record all pressures as found	Tubing: Fm: 150	Tubing: Fm:	15. STEP 2: See instructions above.
	Prod. Casing: Fm: 150	Intermediate Casing: Fm:	
		Surface Casing: Fm: 0	

16. 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	Elapsed Time (Min:Sec)	Fm: 150	Fm: 150	Production Casing PSIG
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		Tubing:	Tubing:		Intermediate Casing PSIG
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		00:	150	150	0
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		05:	150	150	0
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		10:	150	150	0
<input type="checkbox"/> Other: (describe)		15:	150	150	0
Sample cylinder number:		20:	150	150	0
		25:	150	150	0
		30:	150	150	0
Note instantaneous Bradenhead PSIG at end of test:					> 0

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
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		Tubing:	Tubing:		Intermediate Casing PSIG
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		00:			Intermediate Flow
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		05:			
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		10:			
<input type="checkbox"/> Other: (describe)		15:			
Sample cylinder number:		20:			
		25:			
		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: Jake Schneider Title: Pumper Phone: 970-370-1613

Signed: Title: Date: 11/27/2019

WITNESSED BY: Title: Agency: