

State of Colorado  
Oil and Gas Conservation Commission

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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: _____		3. BLM Lease No: _____		11. Date of Test: <u>2/18/20</u>	
2. Name of Operator: <u>Caurus Oil and Gas, LLC.</u>		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
4. API Number: <u>504515109</u>		Number: <u>16C-21</u>		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
6. Well Name: <u>N Parachute MF 16C-21 C28 696</u>		7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NENW 28 T6S R9W</u>		<input type="checkbox"/> Clock/Intermittent	
8. County: <u>Garfield</u>		9. Field Name: <u>NPR</u>		<input type="checkbox"/> Plunger Lift	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings: _____		<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: <u>709</u> Fm: _____	Tubing: _____ Fm: _____	Prod. Casing: <u>482</u> Fm: _____	Intermediate Cag: _____	Surface Casing: <u>56</u>
15. STEP 2: See instructions above.					

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 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: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	00:					
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) _____	05:					
Sample cylinder number: _____	10:					
	15:					
	20:					
	25:					
	30:					
	10:05		<u>709</u>	<u>482</u>		<u>CG</u>
	10:10		<u>709</u>	<u>482</u>		<u>CG</u>
	10:15		<u>709</u>	<u>482</u>		<u>DV</u>
	10:20		<u>709</u>	<u>482</u>		<u>DV</u>
	10:25		<u>709</u>	<u>482</u>		<u>W</u>
	10:30		<u>709</u>	<u>482</u>		<u>V</u>
	10:35		<u>710</u>	<u>482</u>		<u>V</u>
Note instantaneous Bradenhead PSIG at end of test: > <u>①</u>						

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	Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	00:					
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) _____	05:					
Sample cylinder number: _____	10:					
	15:					
	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: VINCE OWENS Title: LEASE OPERATOR Phone: 720-951-3074

Signed: [Signature] Title: FOREMAN Date: 2/18/20

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