

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.

<p>1. OGCC Operator Number: _____</p> <p>2. Name of Operator: _____ 3. BLM Lease No: _____</p> <p>4. API Number: _____ 5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Well Name: _____ Number: _____</p> <p>7. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____</p> <p>8. County: _____ 9. Field Name: _____</p> <p>10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian</p>	<p>11. Date of Test: _____</p> <p>12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermitter <input type="checkbox"/> Plunger Lift</p> <p>13. Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?</p>						
<p>14. STEP 1: EXISTING PRESSURES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Record all pressures as found</td> <td style="width:15%;">Tubing: Fm: _____</td> <td style="width:15%;">Tubing: Fm: _____</td> <td style="width:15%;">Prod. Casing: Fm: _____</td> <td style="width:15%;">Intermediate Csg: _____</td> <td style="width:15%;">Surface Casing: _____</td> </tr> </table>		Record all pressures as found	Tubing: Fm: _____	Tubing: Fm: _____	Prod. Casing: Fm: _____	Intermediate Csg: _____	Surface Casing: _____
Record all pressures as found	Tubing: Fm: _____	Tubing: Fm: _____	Prod. Casing: Fm: _____	Intermediate Csg: _____	Surface Casing: _____		
<p>15. STEP 2: See instructions above.</p>							

16. **STEP 3: BRADENHEAD TEST**

Buried valve? Yes No Confirmed open? Yes 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:
00:					
05:					
10:					
15:					
20:					
25:					
30:					

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? Yes No Confirmed open? Yes 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:
00:					
05:					
10:					
15:					
20:					
25:					
30:					

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: _____

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: _____ Title: _____ Phone: _____

Signed: _____ Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____