



State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

BRADENHEAD TEST REPORT

Step 1. Before opening any valves, record all tubing and casing pressures as found.
Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://ogcc.org/html/ogguidance>.
Step 3. Conduct Bradenhead test.
Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.
Step 5. Submit sample analytical results via Form 43.

1. OGCC Operator Number: 16700	3. BLM Lease No: D-032678	11. Date of Test: 12/15/2021
2. Name of Operator: CHEVRON USA INC	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: 05-103-06044	6. Well Name: CARNEY Number: 19-34	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input checked="" type="checkbox"/> Injection
7. Location (Qtr, Sec, Twp, Rng, Meridian): SWNE, 34, 2N, 102W, 6TH	9. Field Name: RANGELY	<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
8. County: RIO BLANCO	10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input checked="" 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: 71 Fm: WEBER	Prod. Casing: 77 Fm: WEBER
	Tubing: X Fm: X	Intermediate Csg: x
		Surface Casing: 81
15. STEP 2: See instructions above.		

BRADENHEAD TEST

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.
Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to D; S = Surge; W = Whisper
Describe fluid type in "Bradenhead Fluid" column: H = Water H₂O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Weber Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Bradenhead Flow	Bradenhead Fluid
Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	00:	<input type="checkbox"/>	<input type="checkbox"/> 71	<input type="checkbox"/> 77		C	G
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:	<input type="checkbox"/>	<input type="checkbox"/> 71	<input type="checkbox"/> 77		C	G
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other: (describe)	10:	<input type="checkbox"/>	<input type="checkbox"/> 71	<input type="checkbox"/> 77		W	G
Sample Cylinder Number:	15:	<input type="checkbox"/>	<input type="checkbox"/> 71	<input type="checkbox"/> 77		D	N
	20:	<input type="checkbox"/>	<input type="checkbox"/> 71	<input type="checkbox"/> 77		D	N
	25:	<input type="checkbox"/>	<input type="checkbox"/> 71	<input type="checkbox"/> 77		D	N
	30:	<input type="checkbox"/>	<input type="checkbox"/> 71	<input type="checkbox"/> 77		D	N
Instantaneous Bradenhead PSIG at end of test: > 0							

INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.
Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to D; S = Surge; W = Whisper
Describe fluid type in "Intermediate Fluid" column: H = Water H₂O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Intermediate Casing	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow	Intermediate Fluid
Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	00:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other: (describe)	10:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Sample Cylinder Number:	15:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	20:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	25:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	30:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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: Justin Halcomb Title: Operator A Phone: _____

Signed: _____ Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____