



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:	14-20-	11. Date of Test:	9-14-22
2. Name of Operator:	Coleman Oil & Gas	3. BLM Lease No:	151-17
4. API Number:	05-067-08179	5. Multiple completion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Well Name:	Ben 216	Number:	16
7. Location (Qtr, Sec, Twp, Rng, Meridian):	Eastgate Sec. 34 Twp 33, Range 9		
8. County:	La Plata	9. Field Name:	Ben 216 #16
10. Minerals:	<input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Indian		
14. STEP 1: EXISTING PRESSURES			
Record all pressures as found	Tubing: Fm:	Tubing: Fm: 340	Prod. Casing: Fm: 392
		Intermediate Cag: 0	Surface Casing: 0
15. STEP 2: See instructions above.			

16. STEP 3: BRADENHEAD TEST							
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
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		00:	0	340	392	0	0
		05:		340	392	0	0
		10:		340	392	0	0
		15:		340	392	0	0
		20:		340	392	0	0
		25:		340	392	0	0
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:		340	392	0	0
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)		Note instantaneous Bradenhead PSIG at end of test: 0					
Sample cylinder number:							

17. STEP 4: INTERMEDIATE CASING 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: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
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		00:	0	340	392	0	
		05:		340	392	0	
		10:		340	392	0	
		15:		340	392	0	
		20:		340	392	0	
		25:		340	392	0	
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:		340	392	0	
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)		Note instantaneous Intermediate Casing PSIG at end of test: 0					
Sample cylinder number:							
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: Bruce Taylor Title: Lease operator Phone: 505-486-3427  
Signed: Bruce Taylor Title: Lease operator Date: 9-14-22  
WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_