

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: <u>40547</u>		11. Date of Test: <u>6/6/23</u>	
2. Name of Operator: <u>HOLCOMB OIL &amp; GAS INC.</u>		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
3. BLM Lease No: _____		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
4. API Number: <u>067-06543</u>		<input type="checkbox"/> Clock/Intermittent	
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Plunger Lift	
6. Well Name: <u>CASE 1-10</u>		13. Number of Casing Strings: _____	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SEC 10 T34N, R2W, NORTHERN UTE LINE</u>		<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
8. County: <u>LA PLATA, COLO</u>		15. _____	
9. Field Name: _____		STEP 2: See instructions above.	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			
14. STEP 1: EXISTING PRESSURES			
Record all pressures as found	Tubing: <u>1.050</u> Fm: _____	Tubing: _____ Fm: _____	Prod. Casing: <u>1.050</u> Fm: _____
		Intermediate Csg: _____	Surface Casing: _____

16. STEP 3: BRADENHEAD TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: <u>DKT</u>	Fm: _____	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:	Tubing:	Intermediate Casing PSIG
		00:	<u>1.050</u>	<u>1.050</u>	<u>0</u>
		05:	<u>1.050</u>	<u>1.050</u>	<u>0</u>
		10:	<u>1.050</u>	<u>1.050</u>	<u>0</u>
		15:	<u>1.050</u>	<u>1.050</u>	<u>0</u>
		20:	<u>1.050</u>	<u>1.050</u>	<u>0</u>
		25:	<u>1.050</u>	<u>1.050</u>	<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:	<u>1.050</u>	<u>1.050</u>	<u>0</u>
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: <u>&gt; 0</u>			
Sample cylinder number: _____					

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:	Tubing:	Intermediate Casing PSIG
		00:			
		05:			
		10:			
		15:			
		20:			
		25:			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:			
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: <u>&gt;</u>			
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: JONATHAN TORRES Title: PUMPER Phone: 505-230-3139Signed: [Signature] Title: PUMPER Date: 6/6/23

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