

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. 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/opguidance>
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-032675		11. Date of Test: 3/31/21	
2. Name of Operator: CHEVRON USA INC		5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
4. API Number: 05-103-05798		6. Well Name: MCLAUGHLIN A.C. Number: 12		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Injection	
7. Location (Qtr, Sec, Twp, Rng, Meridian): NWSW Section 13, T2N, R103W, 6TH P.M.		9. Field Name: RANGELY		<input type="checkbox"/> Clock/Intermittent	
8. County: RIO BLANCO		10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian		<input type="checkbox"/> Plunger Lift	
14. STEP 1: EXISTING PRESSURES		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?		15. STEP 2: See instructions above.	
Record all pressures as found	Tubing: 1811 Fm: WEBER	Tubing: Fm:	Prod. Casing: 8 Fm: WEBER	Intermediate Csg: Csg:	Surface Casing: 8

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 = Whimper Describe fluid type in "Bradenhead Fluid" column: H = Water H ₂ O; 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 Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BRADENHEAD SAMPLE TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Liquid 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) <u>1001</u> Sample Cylinder Number:	Elapsed Time (Min:Sec)	Fm: WEBER Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Bradenhead Flow	Bradenhead Fluid
	00:	<input type="checkbox"/> 1811	<input type="checkbox"/>	<input type="checkbox"/> 8		C	G
	05:	<input type="checkbox"/> 1811	<input type="checkbox"/>	<input type="checkbox"/> 5		C	G
	10:	<input type="checkbox"/> 1811	<input type="checkbox"/>	<input type="checkbox"/> 1		C	G
	15:	<input type="checkbox"/> 1811	<input type="checkbox"/>	<input type="checkbox"/> 0		W	G
	20:	<input type="checkbox"/> 1811	<input type="checkbox"/>	<input type="checkbox"/> 0		W	G
	25:	<input type="checkbox"/> 1811	<input type="checkbox"/>	<input type="checkbox"/> 0		D	N
	30:	<input type="checkbox"/> 1811	<input type="checkbox"/>	<input type="checkbox"/> 0		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 = Whimper Describe fluid type in "Intermediate Fluid" column: H = Water H ₂ O; 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 Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid 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) Sample Cylinder Number:	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow	Intermediate Fluid
	00:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	05:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	10:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	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: GAS SMELLED LIKE PACKER FLUID. POSSIBLE COMMUNICATION BETWEEN SURFACE AND PRODUCTION CASING. WILL CONDUCT MIT.

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: DAVID MANN Title: PRODUCTION SPECIALIST Phone: 575-704-2292

Signed: _____ Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____