



### State of Colorado Oil and Gas Conservation Commission

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FOR DATA USE ONLY

## BRADENHEAD TEST REPORT

Step 1: Record all tubing and casing pressures at 10 min.  
Step 2: Open valve, if intermediate or surface casing pressure > 25 psi, in successive areas, 1 per step.  
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 production. Attach gas and liquid analyses if available.

1. OGCC Operator Number: \_\_\_\_\_ 3. BLM Lease No.: \_\_\_\_\_  
 2. Name of Operator: Williford  
 4. API Number: \_\_\_\_\_ 5. Multiple completion?  Yes  No  
 6. Well Name: Nellie #2D Wellbore Number: \_\_\_\_\_  
 7. Location (City, Sec, Twp, Rng, Meridian): 12 33 12  
 8. County: La Plata 9. Field Name: \_\_\_\_\_  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 10/13/21  
 12. Well Status:  Flowing  Shut-in  
 Gas Lift  Pumping  Injection  
 Choke/Integrator  
 Plunger Lift  
 13. Number of Casing Stands:  Two  Three  Uno?

14. STEP 1: EXISTING PRESSURES

| Record all pressures as found | Tubing<br>Fm. | Tubing<br>Fm. | Prod. Casing<br>Fm. | Intermediate Casing | Surface Casing |
|-------------------------------|---------------|---------------|---------------------|---------------------|----------------|
|                               |               | 12            | 2                   | N/A                 | TSTM           |

15. STEP 2: See instructions above.

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:  
 0 = No Flow; C = Continuous; D = Down to 0; V = Vapor  
 H = Water; H2O; M = Mud; W = Whimper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?  
 Yes  No  Gas  Liquid

Character of Bradenhead fluid:  Clear  Fresh  
 Sulfur  Slaty  Black  
 Other (describe): \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

| Elapsed Time (Min:Sec) | Prod. Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow |
|------------------------|-------------------|--------------------------|-----------------|
| 00                     |                   |                          |                 |
| 05                     | Ruff              | 12                       | 2               |
| 10                     |                   | 12                       | 2               |
| 15                     |                   | 12                       | 2               |
| 20                     |                   |                          | END TEST        |
| 25                     |                   |                          |                 |
| 30                     |                   |                          |                 |

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:  
 0 = No Flow; C = Continuous; D = Down to 0; V = Vapor  
 H = Water; H2O; M = Mud; W = Whimper; S = Surge; G = Gas

INTERMEDIATE SAMPLE TAKEN?  
 Yes  No  Gas  Liquid

Character of intermediate fluid:  Clear  Fresh  
 Sulfur  Slaty  Black  
 Other (describe): \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

| Elapsed Time (Min:Sec) | Prod. Casing PSIG | Intermediate Casing PSIG | Intermediate Flow |
|------------------------|-------------------|--------------------------|-------------------|
| 00                     |                   |                          |                   |
| 05                     |                   |                          |                   |
| 10                     |                   |                          |                   |
| 15                     |                   |                          |                   |
| 20                     |                   |                          |                   |
| 25                     |                   |                          |                   |
| 30                     |                   |                          |                   |

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: Mitch Kennedy Title: Tech Phone: 970 239 1206  
 Signed: [Signature] Title: \_\_\_\_\_ Date: 10/13/21  
 WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_