

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: _____
2. Name of Operator: _____ 3. BLM Lease No: _____
4. API Number: _____ 5. Multiple completion? ☐ Yes ☐ No
6. Well Name: SST Warren Number: _____
7. Location (City, Co., Sec., Twp., Rng., Meridian): _____
8. County: _____ 9. Field Name: _____
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 3/23/24

12. Well Status: ☐ Flowing ☐ Shut in
☐ Gas Lift ☒ Pumping ☐ Injection
☐ Clock/Intermittent
☐ Plunger Lift

13. Number of Casing Stungs: ☒ Two ☐ Three ☐ Liner?

STEP 1: EXISTING PRESSURES

Record all pressures as found

Tubing:	Tubing:	Prod. Casing:	Intermediate Csg:	Surface Casing:
Fm: <u>30</u>	Fm: <u>1</u>	Fm: <u>30</u>	Fm: <u>1</u>	Fm: <u>0</u>

15. STEP 2: See instructions above.

STEP 3: BRADENHEAD TEST

Buried valve?	Confirmed open?	Elapsed Time (Min Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	00:	<u>30</u>		<u>30</u>		<u>0</u>
		05:					<u>0</u>
		10:					<u>0</u>
		15:					<u>0</u>
		20:					<u>0</u>
		25:					<u>0</u>
		30:	<u>30</u>		<u>30</u>		<u>0</u>
Note instantaneous Bradenhead PSIG at end of test: <u>> 0</u>							

STEP 4: INTERMEDIATE CASING TEST

Buried valve?	Confirmed open?	Elapsed Time (Min Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	00:					
		05:					
		10:					
		15:					
		20:					
		25:					
		30:					
Note instantaneous Intermediate Casing PSIG at end of test: <u>></u>							

16. Comments: _____

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: Jim Cumley Title: Operator Phone: 970-768-5659
Signed: Jim Cumley Title: _____ Date: 3/23/24
WITNESSED BY: _____ Title: _____ Agency: _____