

NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
1000 RIO BRAZOS ROAD
AZTEC, NM 87410
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<http://www.emnrd.state.nm.us/ocd/>

BRADENHEAD TEST

Date of Test Operator API #

Property Name Location: Unit Section Township Range
(Well Name and Number)

Well Status: Shut-in or Producing

Pressures: Tubing Intermediate Casing Bradenhead

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

Time	Bradenhead PSIs			Intermediate			
	BH Blowdown	Casing Monitor	INT Monitor	Intermediate Blowdown	Casing Monitor		
5 minutes	<input type="text" value="0"/>	<input type="text" value="40"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text"/>	Steady Flow	<input type="checkbox"/>
10 minutes	<input type="text" value="0"/>	<input type="text" value="40"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text"/>	Surges	<input type="checkbox"/>
15 minutes	<input type="text" value="0"/>	<input type="text" value="40"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text"/>	Down to Nothing	<input type="checkbox"/>
20 minutes	<input type="text" value="0"/>	<input type="text" value="40"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text"/>	No Flow	<input checked="" type="checkbox"/>
25 minutes	<input type="text" value="0"/>	<input type="text" value="40"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text"/>	Gas	<input type="checkbox"/>
30 minutes	<input type="text" value="0"/>	<input type="text" value="40"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text"/>	Gas and Water	<input type="checkbox"/>
5 minute SI	<input type="text" value="0"/>			<input type="text" value="NA"/>		Water	<input type="checkbox"/>

If bradenhead flowed water, check all of the descriptions that apply below:

Clear ☐ Fresh ☐ Salty ☐ Sulfur ☐ Black ☐

5 Minute Shut-in Bradenhead Intermediate

REMARKS:

By:

(Position)

Witness:

