



NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
1000 RIO BRAZOS ROAD
AZTEC NM 87410
(505) 334-6178 FAX: (505) 334-6170
<http://emnrd.state.nm.us/ocd/District III/3distr.htm>

BRADENHEAD TEST REPORT

(submit 1 copy to above address)

Date of Test 10/10/14 Operator BP America API # 30-045-27621
Property Name Miller 32-6-11 Well No. 1 Location: Unit N^{NE} Section 11 Township 32 Range 6
Well Status (Shut-In or Producing) Initial PSI: Tubing 78 Intermediate Casing 78 Bradenhead 0

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

Testing	PRESSURE			INTERM	
	BH	Bradenhead Int	Csg	Int	Csg
TIME					
5 min	<u>ONE</u>	<u>78</u>	<u>78</u>		
10 min	<u>END</u>				
15 min					
20 min					
25 min					
30 min					

FLOW CHARACTERISTICS	
BRADENHEAD	INTERMEDIATE
Steady Flow	<u>OIL CONS. DIV DIST. 3</u>
Surges	<u>OCT 27 2014</u>
Down to Nothing	
Nothing	<u>NO FLOW</u>
Gas	
Gas & Water	
Water	

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

CLEAR FRESH SALTY SULFUR BLACK

5 MINUTE SHUT-IN PRESSURE

BRADENHEAD 0 INTERMEDIATE

REMARKS:

Left valve closed

By Justin Biser
Contract Tech.
(Position)

Witness N/A

E-mail address



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 fluid analyses if sampled.

1. OGCC Operator Number: _____
2. Name of Operator: BP
3. BLM Lease No: N/A
4. API Number: 30-045-27621
5. Multiple completion? ☐ Yes ☒ No
6. Well Name: Mullen 32-6-11 #1 Number: _____
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE 11 32 6
8. County: _____
9. Field Name: _____
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 10/10/14
12. Well Status: ☒ Flowing ☐ Shut In
☐ Gas Lift ☐ Pumping ☐ Injection
☐ Clock/Intermittent ☐ Plunger Lift
13. Number of Casing Strings: ☒ Two ☐ Three ☐ Liner?

14. STEP 1: EXISTING PRESSURES
Record all pressures as found
Tubing: _____
Fm: _____
Tubing: _____
Fm: 78
Prod. Casing: _____
Fm: 78
Intermediate Casing: _____
Fm: _____
Surface Casing: _____
Fm: Ø

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

BRADENHEAD SAMPLE TAKEN?
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
☐ Other: (describe) _____

Sample cylinder number: _____

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
00: <u>1 VALVE</u>		<u>78</u>	<u>78</u>		<u>ONF</u>
05:					<u>END TEST</u>
10:					
15:					
20:					
25:					
30:					

Note instantaneous Bradenhead PSIG at end of test: > Ø

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

INTERMEDIATE SAMPLE TAKEN?
☐ Yes ☐ No ☐ Gas ☐ Liquid

Character of Intermediate fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
☐ Other: (describe) _____

Sample cylinder number: _____

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Production 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: LEFT VALVE CLOSED

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: JUSTIN BISSA Title: _____ Phone: 719-661-5376

Signed: _____ Title: _____ Date: 10/10/14

WITNESSED BY: _____ Title: _____ Agency: _____