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/3distric.htm

BRADENHEAD TEST REPORT

(submit 1 copy to above address)

Date of Test 8/22/96 Operator BP America Prod Co API #30-0 45-27616

Property Name Carnes 32 06 11 Well No. 1 Location: Unit L Sec 11 Twp 32N Rng 06W

Well Status(Producing) . Initial PSI: Tubing 600 Intermediate __ Casing 450 Bradenhead 0

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

Testing	PRESSURE Bradenhead BH	Int	INTERM Csg	Int	Csg
TIME 5 min	0		450		
10 min	0		450		
15 min	0		450		
20 min					
25 min					
30 min					

FLOW CHARACTERISTICS	BRADENHEAD	INTERMEDIATE
Steady Flow		
Surges		
Down to Nothing		
Nothing	X	
Gas		
Gas & Water		
Water		

OIL CONS. DIV DIST. 3

JUL 29 2014

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

CLEAR ___ FRESH ___ SALTY ___ SULFUR ___ BLACK ___

5 MINUTE SHUT-IN PRESSURE BRADENHEAD ___ INTERMEDIATE ___

REMARKS:
NMOCD form completed by Chris Sandoz on 7/24/14 based on COGCC form dated 8/22/96

By Mike Richins Witness ___

(Position)

E-mail address ___

BLM - COGC - REVISED BRADENHEAD TEST REPORT

Lease # Amoco Fn) Well No. / Name: Corner 3 #11 API # 03045276 16

CA # _____ Fm ( ) Operator: Mike Richins Date: 8-22-96

CA # _____ Fm ( ) Q/Q: _____ Sec: _____ Twp: _____ Range: _____ Fed / Ind / State / Fee / Minerals

Well Status (Circle): (Flowing) Shut-in Clock / Intermitter Gas Lift Pumping Injection Plunger Lift

Number of Casing Strings (Circle): Two Three Liner

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: BRADENHEAD TEST:

(Buried Valve ? NO Confirmed open ? Yes)

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 characteristic of flow in "Bradenhead Flow" column using letter designations below.

O = NO FLOW; C = CONTINOUS; D = DOWN TO 0; V = VAPOR
H = WATER H2O; M = MUD; W = WHISPER; S = SURGE; G = GAS

STEP 1: Record all Pressures as found:	Tubing: fm ( )	Tubing: fm ( )	Prod. Csg: fm ( )	Intermediate Casing:	Surface Casing:
		600	450		0

STEP 3: BRADENHEAD TEST					
Elasped Time (Min : Sec)	Tubing: fm ( )	Tubing: fm ( )	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
00.		600	450		0
05:		600	450		
10:		600	450		
15:					
20					
25:					
30:					
Note Instantaneous BRADENHEAD PSIG at end of test:					0

BRADENHEAD SAMPLE TAKEN: (Circle)

Yes No | Gas Liquid

Character of Bradenhead Fluid:

Clear Fresh Salty Sulfur Black _____

Sample Cylinder No.

STEP 4: INTERMEDIATE CASING TEST:

(Buried Valve ? _____ Confirmed open ? _____)

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 = CONTINOUS; D = DOWN TO 0; V = VAPOR
H = WATER H2O; M = MUD; W = WHISPER; S = SURGE; G = GAS

STEP 4: INTERMEDIATE CASING TEST				
Elasped Time (Min : Sec)	Tubing PSIG fm ( )	Tubing PSIG fm ( )	Production Casing PSIG	Intermediate Flow:
00:				
05				
10:				
15:		N/A		
20.				
25.				
30:				
Note Instantaneous INT CSG PSIG at end of test:				

INTERMEDIATE SAMPLE TAKEN: (Circle)

Yes No Gas Liquid

Character of Intermediate Fluid:

Clear Fresh Salty Sulfur Black _____

Sample Cylinder No:

REMARKS: _____

STEP 5: Send report to BLM within 30 days and to COGC within 10 days. Include well-bore diagram (if not previously submitted or if well-bore configuration has changed since prior diagram). Attach gas and liquid analyses if sampled. See reverse for details.

Test Performed by: Mike Richins (Name) Big A Operator (Title) 747-6818 (Phone Number)

and certified true and correct. Mike Richins (Signature) 8-22-96 (Date)

WITNESSED BY: _____ (Signature) _____ (Title) _____ (Agency)

OTHER INFORMATION

REV. 12 / 19 / 95