



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/3district.htm](http://emnrd.state.nm.us/ocd/District%20III/3district.htm)

BRADENHEAD TEST REPORT

(submit 1 copy to above address)

Date of Test 10/10/14 Operator BP America API # 30-045-27535
Property Name Federal 32-6-9 Well No. 1 Location: Unit ENE Section 9 Township 32 Range 40
Well Status (Shut-In or Producing) Initial PSI: Tubing 274 Intermediate 1 Casing 271 Bradenhead 7577

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

Testing	PRESSURE			INTERM	
	BH	Bradenhead Int	Csg	Int	Csg
TIME					
5 min	<u>NAC</u>	<u>274</u>	<u>271</u>		
10 min	<u>DNF</u>	<u>274</u>	<u>271</u>		
15 min	<u>END</u>				
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>VAC.</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) 694-2100 Fax: (303) 694-2109



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: <u>BP</u>	3. BLM Lease No: <u>N/A</u>	11. Date of Test: <u>10/10/14</u>
4. API Number: <u>30-045-27535</u>	5. Multiple completion? ☐ Yes ☒ No	12. Well Status: ☐ Flowing ☒ Shut In	13. Number of Casing Strings: ☒ Two ☐ Three ☐ Liner?
6. Well Name: <u>FEDERAL 32-6-9 #1</u>	Number: <u>9 32 6</u>	☐ Gas Lift ☐ Pumping ☐ Injection	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE 9 32 6</u>	8. County: <u>NENE</u>	☐ Cased/Interruption ☐ Plunger Lift	
9. Field Name:	10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian	14. STEP 1: EXISTING PRESSURES	15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST							
Buried valve? ☒ Yes ☐ No Confirmed open? ☐ Yes ☒ No		Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
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 = Whimper; S = Surge; G = Gas		00:00		274	271		VAC
		05:00		274	271		END TEST
		10:00					
		15:00					
		20:00					
BRADENHEAD SAMPLE TAKEN? ☐ Yes ☒ No ☐ Gas ☐ Liquid		25:00					
Character of Bradenhead fluid: ☐ Clear ☐ Fresh ☐ Sulfur ☐ Salty ☐ Black ☐ Other: (describe)		30:00					
Sample cylinder number:		Note instantaneous Bradenhead PSIG at end of test: > <u>4</u>					

17. STEP 4: INTERMEDIATE CASING TEST							
Buried valve? ☐ Yes ☐ No Confirmed open? ☐ Yes ☐ No		Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
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 = Whimper; S = Surge; G = Gas		00:00					
		05:00					
		10:00					
		15:00					
		20:00					
INTERMEDIATE SAMPLE TAKEN? ☐ Yes ☐ No ☐ Gas ☐ Liquid		25:00					
Character of Intermediate fluid: ☐ Clear ☐ Fresh ☐ Sulfur ☐ Salty ☐ Black ☐ Other: (describe)		30:00					
Sample cylinder number:		Note instantaneous Intermediate Casing PSIG at end of test: >					

18. Comments: <u>LEFT VALVE CLOSED</u>
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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 BRISON Title: _____ Phone: 719-661-5376

Signed: [Signature] Title: _____ Date: 10/10/14

WITNESSED BY: _____ Title: _____ Agency: _____