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NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
1000 RIO BRAZOS ROAD
AZTEC, NM 87410
(505) 334-6178 FAX (505) 334-6170
<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		Bradenhead Intermediate	
	BH Blowdown	Casing Monitor	INT Monitor	Intermediate Blowdown	Casing Monitor		
5 minutes	<input type="text" value="0"/>	<input type="text" value="20"/>	<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="20"/>	<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="20"/>	<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="20"/>	<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="20"/>	<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="20"/>	<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:

