

PERFORMING BRADENHEAD TEST**General Procedure for Bradenhead Test**

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and **closed at least 24 hours prior to testing.**

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- | | |
|------------------------|-----------|
| • Blow or Puff | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow | Yes or No |
| • Oil or Gas | Yes or No |
| • Water | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 2 Artesia office since this must be reported on a form. In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.

DD Form 1

District 2 Artesia

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Wagner Oil Company	API Number 30-015-25821
Property Name Salt Mountain 25 Federal	Well No. #003Y

1. Surface Location

UL - Lot G	Section 25	Township 265	Range 29E		Feet from 1746	N/S Line N	Feet From 2121	E/W Line E	County Eddy
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Well Status

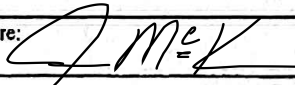
TA'D WELL YES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SHUT-IN YES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJ INJ	<input type="checkbox"/> INJ <input checked="" type="checkbox"/> SWD	PRODUCER OIL	<input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE 03/27/23
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	Not Applicable	0	170
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/> WTR <input checked="" type="checkbox"/> GAS <input type="checkbox"/> Type of Fluid Injected for Waterhead if applies.
Steady Flow	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Surges	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Down to nothing	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Gas or Oil	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Water	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Bradenhead Test Okay

Signature: 	OIL CONSERVATION DIVISION
Printed name: James McKee	Entered into RBDMS
Title: Field Superintendent	Re-test
E-mail Address: jmkcee@wagneroil.com	
Date: 03/27/23	Phone: 956-373-7282
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor

Sarah Cottrell Propst
Cabinet Secretary

Todd E. Leahy, JD, PhD
Deputy Secretary



Date: _____

API# _____

A **Mechanical Integrity Test (M.I.T.)** was performed on, Well _____

___ **M.I.T. is successful**, the original chart has been retained by the Operator on site. Send a **legible** scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOOnline.htm 7 to 10 days after postdating.

___ **M.I.T. is unsuccessful**, the original chart is returned to the Operator. Repairs will be made; Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.
No expectation of extension should be construed because of this test.

___ **M.I.T. for Temporary Abandonment**, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

___ **M.I.T. is successful**, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

___ **M.I.T. is successful**, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well Including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact me for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 703-4641

Thank You,

Barbara Lydick, Compliance Officer
EMNRD-O.C.D.
575-703-4641
barbara.lydick@emnrd.nm.gov
District 2 – Artesia, NM

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 220946

CONDITIONS

Operator: WAGNER OIL CO. 500 Commerce St Fort Worth, TX 76102	OGRID: 177888
	Action Number: 220946
	Action Type: [UF-BHT] Bradenhead Test (BRADENHEAD TEST)

CONDITIONS

Created By	Condition	Condition Date
timothy.martin	None	9/20/2024