

FORM  
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# State of Colorado Oil and Gas Conservation Commission

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Document Number: 401623646			

## 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 3 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: 10679 3. BLM Lease No: \_\_\_\_\_  
2. Name of Operator: LOGOS OPERATING LLC  
4. API Number: 05-067-05591-00 5. Multiple completion? ☐ Yes ☐ No  
6. Well Name: BONDAD 33-10 Number: 7  
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW,13,33N,10W,N  
8. County LA PLATA 9. Field Name: IGNACIO BLANCO  
10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 04/11/2018

12. Well Status: ☐ Flowing  
☐ Shut In ☐ Gas Lift  
☐ Pumping ☐ Injection  
☐ Clock/Intermitter  
☒ Plunger Lift

13. Number of Casing Strings:  
☐ Two ☒ Three ☐ Liner?

### 14. EXISTING PRESSURES

Record all pressures as found	Tubing: _____ Fm: _____	Tubing: 88 Fm: MVRD	Prod Csg 132 Fm: MVRD	Intermediate Csg: 837	Surf. Csg 71
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### 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 = Whisper; 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: 17

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
01:37	<input type="checkbox"/>	MVRD 88	<input type="checkbox"/> 132	837	V
05:00	<input type="checkbox"/>	MVRD 87	<input type="checkbox"/> 131	837	V
10:00	<input type="checkbox"/>	MVRD 86	<input type="checkbox"/> 130	837	O
15:00	<input type="checkbox"/>	MVRD 86	<input type="checkbox"/> 129	837	O
20:00	<input type="checkbox"/>	MVRD 87	<input type="checkbox"/> 130	837	O
25:00	<input type="checkbox"/>	MVRD 91	<input type="checkbox"/> 134	837	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instantaneous Bradenhead PSIG at end of test: &gt; 0

### INTERMEDIATE CASING TEST

Buried valve? ☒ Yes ☐ No  
Confirmed open? ☒ Yes ☐ No  
With gauges monitoring production, intermediate 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 = Whisper; 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: 4082

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	MVRD 99	<input type="checkbox"/> 132		G
05:00	<input type="checkbox"/>	MVRD 110	<input type="checkbox"/> 132		G
10:00	<input type="checkbox"/>	MVRD 120	<input type="checkbox"/> 132		G
15:00	<input type="checkbox"/>	MVRD 125	<input type="checkbox"/> 132		G
20:00	<input type="checkbox"/>	MVRD 125	<input type="checkbox"/> 132		G
25:00	<input type="checkbox"/>	MVRD 125	<input type="checkbox"/> 132		G
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instantaneous Intermediate Casing PSIG at end of test: &gt; 0

Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: Rick Conaway Title: Operator Phone: (505) 386-8109

Signed: Larissa Farrell Title: Regulatory Technician Date: 4/29/2018

Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_