

FORM 17
Rev 6/99

State of Colorado
Oil and Gas Conservation Commission
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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: 10834 3. BLM Lease No: _____
 2. Name of Operator: P O & G OPERATING LLC
 4. API Number: 05-121-08983-00 5. Multiple completion? Yes No
 6. Well Name: SCHEEITZ IP. Number: 5
 7. Location (Qtr/Clr. Sec. Twp, Rng. Meridian): N44NW/23, 3S, 52W, 6
 8. County: WASHINGTON 9. Field Name: KACHINA
 10. Minerals: Fee State Federal Indian

11. Date of Test: 01/23/2019
 12. Well Status: Shut In Flowing
 Pumping Gas Lift
 Clock/Intermittent Injection
 Plunger Lift
 13. Number of Casing Strings: One Two Three Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: Fm:	Tubing: Fm:	Prod Csg Fm:	Intermediate Csg:	Surf. Csg
					0

BRADENHEAD TEST

Confirmed open?	Yes	No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Bradenhead Flow:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	00:00						0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	05:00						0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:00						0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15:00						0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20:00						0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25:00						0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30:00						0

Instantaneous Bradenhead PSIG at end of test: > _____

INTERMEDIATE CASING TEST

Confirmed open?	Yes	No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Bradenhead Flow:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	00:00					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	05:00					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:00					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15:00					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20:00					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25:00					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30:00					

Instantaneous Intermediate Casing PSIG at end of test: > _____

Character of Bradenhead fluid: Clear Fresh
 Salty Black
 Other: (describe) _____
 Sample cylinder number: _____
 Instantaneous Intermediate Casing PSIG at end of test: > _____

Comments:

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

Test Performed By: _____

Title: _____

Phone: () _____

Signed: _____

Title: _____

Date: _____

Witnessed By: _____

Title: _____

Agency: _____

Kelly Voorman
Stacy Spurd

Field Inspector

1/24/19
COGCL