

FORM 17

Rev 6/99

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado  
Oil and Gas Conservation Commission



DE ET OE ES

Document Number:  
402074920

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: 74165 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: RENEGADE OIL & GAS COMPANY LLC  
 4. API Number; 05-005-06574-00 5. Multiple completion?  Yes  No  
 6. Well Name: CHAMPLIN 126 AMOCO B Number: 8  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW,5,5S,62W,6  
 8. County ARAPAHOE 9. Field Name: DRAGOON  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 06/19/2019  
 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:  Tubing: \_\_\_\_\_ Prod Csg  Intermediate \_\_\_\_\_ Surf. Csg   
 Fm: \_\_\_\_\_ Fm: \_\_\_\_\_ Fm: \_\_\_\_\_ Csg: \_\_\_\_\_

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: NA  
 Instantaneous Bradenhead PSIG at end of test: > 0

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>
05:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
10:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
15:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
20:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
25:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
30:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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: \_\_\_\_\_  
 Instantaneous Intermediate Casing PSIG at end of test: > \_\_\_\_\_

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
05:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
10:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
15:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
20:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
25:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
30:00	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>