

FORM  
17Rev  
6/99State of Colorado  
Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

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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: 77330 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: SG INTERESTS I LTD  
 4. API Number: 05-051-06067-00 5. Multiple completion? ☐ Yes ☐ No  
 6. Well Name: FEDERAL Number: 1-25-10-91R  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE,25,10S,91W,6  
 8. County GUNNISON 9. Field Name: OIL WELL MOUNTAIN  
 10. Minerals: ☐ Fee ☐ State ☒ Federal ☐ Indian

11. Date of Test: 09/10/2019

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: _____ Fm: _____	Tubing: 81 Fm: WMFK	Prod Csg 494 Fm: WMFK	Intermediate Csg: _____	Surf. Csg 51
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## BRADENHEAD TEST

Buried valve? ☐ Yes ☒ NoConfirmed 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 ☐ LiquidCharacter of Bradenhead fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: Isotube

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	WMFK 81	<input type="checkbox"/> 493		D
05:00	<input type="checkbox"/>	WMFK 81	<input type="checkbox"/> 493		O
10:00	<input type="checkbox"/>	WMFK 81	<input type="checkbox"/> 493		O
15:00	<input type="checkbox"/>	WMFK 81	<input type="checkbox"/> 493		O
20:00	<input type="checkbox"/>	WMFK 81	<input type="checkbox"/> 493		O
25:00	<input type="checkbox"/>	WMFK 81	<input type="checkbox"/> 493		O
30:00	<input type="checkbox"/>	WMFK 81	<input type="checkbox"/> 493		O

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

## INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ NoConfirmed 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 ☐ LiquidCharacter of Intermediate fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: \_\_\_\_\_

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

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

Comments: Light flow for 15 seconds when opened. Flowed vapor from 15 seconds to 1 minute. Nothing after 1 minute.

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

Test Performed By: Jacob Harter Title: Principal Phone: (970) 946-3761

Signed: Jacob Harter Title: Principal Date: 9/23/2019

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