

**Inspection Photos**  
**Location Name: Fuqua 19-02-10-1H**  
**Location ID: 324766**



**Photo 1. Wellhead sign does not have accurate name.**



**Location ID: 324766**

[illegible]

**Photo 2. Photo of Form 21 as filled out and signed in the field.**

Form 17 Rev. 9-88		State of Colorado Oil and Gas Conservation Commission		11325 Lincoln St., Suite 301, Denver, Colorado 80202 (303) 856-7129 Fax (303) 856-7129	
<b>BRADENHEAD TEST REPORT</b>					
<p>Notes: 1. Report all casing and string pressures as found.</p> <p>2. Sample type: 1 = Intermediate 2 = Surface 3 = Multiple completion 4 = Bottom hole 5 = Jam</p> <p>3. Casing: Intermediate well</p> <p>4. Casing: Intermediate well</p> <p>5. Report all test results at 1000 psi or less. Above 1000 psi, include all test results and pressure values. Indicate if wellbore conditions have changed since prior analysis. Attach all test data and test samples.</p>					
<p>1. OCCC Operation Number: <u>17406</u></p> <p>2. Name of Operator: <u>GP-201-10000</u></p> <p>3. Well Name: <u>GP-201-10000</u></p> <p>4. Well Number: <u>GP-201-10000</u> 5. Multiple completion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Well Name: <u>GP-201-10000</u> Number: <u>GP-201-10000</u></p> <p>7. Location (City, State, Sec., Twp., Range): <u>GP-201-10000</u></p> <p>8. County: <u>GP-201-10000</u></p> <p>9. Well Name: <u>GP-201-10000</u></p> <p>10. Location: <u>GP-201-10000</u> 11. Date: <u>GP-201-10000</u></p>					
<p>11. Date of Test: <u>GP-201-10000</u></p> <p>12. Well Name: <u>GP-201-10000</u></p> <p>13. Casing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Casing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>15. Number of Casing Strings: <u>GP-201-10000</u></p> <p>16. Date: <u>GP-201-10000</u></p>					
<b>STEP 1. CASING PRESSURES</b>					
<p>17. Casing Pressure</p> <p>18. Casing Pressure</p>		<p>19. Casing Pressure</p> <p>20. Casing Pressure</p>		<p>21. Casing Pressure</p> <p>22. Casing Pressure</p>	
<b>STEP 2. BRADENHEAD TEST</b>					
<p>23. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>24. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>25. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>26. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>27. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>28. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>30. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>31. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>32. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>33. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>34. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>35. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>36. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>37. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>38. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>39. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>40. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>41. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>42. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>43. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>44. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>45. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>46. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>47. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>48. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>49. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>50. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>51. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>52. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>53. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>54. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>55. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>56. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>57. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>58. 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Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>69. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>70. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>71. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>72. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>73. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>74. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>75. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>76. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>77. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>78. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>79. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>80. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>81. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>82. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>83. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>84. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>85. Sample type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open: <input type="checkbox"/> Yes </p>					

**Photo 3. Photo of Form 17 as filled out in the field.**