

FORM  
17

Rev  
11/20

State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:

402565736

BRADENHEAD TEST REPORT

Step 1. Before opening any valves, record all tubing and casing pressures as found.  
 Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://cogcc/reg.html#opguidance>  
 Step 3. Conduct Bradenhead test.  
 Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.  
 Step 5. Submit sample analytical results via Form 43.

1. OGCC Operator Number: 10456 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: CAERUS PICEANCE LLC  
 4. API Number; 05-045-24002-00 5. Multiple completion?  Yes  No  
 6. Well Name: NPR Number: 24B-3-596  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE,3,5S,96W,6  
 8. County GARFIELD 9. Field Name: GRAND VALLEY  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 01/12/2021  
 12. Well Status:  Flowing  
 Shut In  Gas Lift  
 Pumping  Injection  
 Clock/Intermittent  
 Plunger Lift  
 13. Number of Casing Strings:  
 Two  Three  Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: _____ Fm: _____	Tubing: <u>N/A</u> Fm: _____	Prod Csg <u>Vac.</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>3psi</u>
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BRADENHEAD TEST

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.  
 Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper  
 Describe fluid type in "Bradenhead Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) <u>N/A</u>	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
	00:00	<input type="checkbox"/>	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Vac</u>		<u>C 3psi</u>	<u>N</u>
	05:00	<input type="checkbox"/>	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Vac</u>		<u>C 2.5psi</u>	<u>N</u>
	10:00	<input type="checkbox"/>	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Vac</u>		<u>C 2psi</u>	<u>N</u>
	15:00	<input type="checkbox"/>	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Vac.</u>		<u>C 1.5psi</u>	<u>N</u>
	20:00	<input type="checkbox"/>	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Vac</u>		<u>C 1psi</u>	<u>N</u>
	25:00	<input type="checkbox"/>	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Vac</u>		<u>C 0.5psi</u>	<u>N</u>
	30:00	<input type="checkbox"/>	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>Vac</u>		<u>C 0.25psi</u>	<u>N</u>
Instantaneous Bradenhead PSIG at end of test: > <u>0.25psi</u>							

### INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.

Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Intermediate Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____ _____	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"/>			
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: Elic Charlesworth Title: Production Foreman Phone: 970-319-1541

Signed: Jason Eckman Title: Surface Regulatory Lead Date: 1-2-21

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