

**FORM**  
**17**  
Rev  
11/20

**State of Colorado**  
**Oil and Gas Conservation Commission**

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Document Number:  
402624025

**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: 100322      3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: NOBLE ENERGY INC  
 4. API Number; 05-123-17732-00      5. Multiple completion?  Yes  No  
 6. Well Name: LOCKMAN      Number: 10-914  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE,10,4N,64W,6  
 8. County WELD      9. Field Name: WATTENBERG  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 03/08/2021  
 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: <u>263</u><br>Fm: _____ | Tubing: _____<br>Fm: _____ | Prod Csg <u>270</u><br>Fm: _____ | Intermediate Csg: _____ | Surf. Csg <u>6</u> |
|-------------------------------|---------------------------------|----------------------------|----------------------------------|-------------------------|--------------------|

**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 H<sub>2</sub>O; 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<br>Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Elapsed Time (Min:Sec)                                   | Fm: Tubing                   | Fm: Tubing:              | Prod Csg PSIG                | Intermedia Csg PSIG | Bradenhead Flow: | Bradenhead Fluid:  |
|--|--|------------------------------|--------------------------|------------------------------|---------------------|------------------|--------------------|
|  |  | <input type="checkbox"/> 263 | <input type="checkbox"/> | <input type="checkbox"/> 270 |                     | CONTINUOUS       | LIQUID HYDROCARBON |
| BRADENHEAD SAMPLE TAKEN?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid<br><br>Character of Bradenhead fluid:<br><input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br>Other:(describe)<br>_____ | 05:00  | <input type="checkbox"/> 292 | <input type="checkbox"/> | <input type="checkbox"/> 302 |                     | DOWN TO 0        | NONE               |
|  | 10:00  | <input type="checkbox"/> 314 | <input type="checkbox"/> | <input type="checkbox"/> 321 |                     | NO FLOW          | NONE               |
|  | 15:00  | <input type="checkbox"/> 333 | <input type="checkbox"/> | <input type="checkbox"/> 337 |                     | NO FLOW          | NONE               |
|  | 20:00  | <input type="checkbox"/> 347 | <input type="checkbox"/> | <input type="checkbox"/> 349 |                     | NO FLOW          | NONE               |
|  | 25:00  | <input type="checkbox"/> 357 | <input type="checkbox"/> | <input type="checkbox"/> 361 |                     | NO FLOW          | NONE               |
|  | 30:00  | <input type="checkbox"/> 366 | <input type="checkbox"/> | <input type="checkbox"/> 370 |                     | NO FLOW          | NONE               |
|  | Instantaneous Bradenhead PSIG at end of test: > <u>0</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 H<sub>2</sub>O; 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 type="checkbox"/> No  | Elapsed Time (Min:Sec)   | Fm: Tubing               | Fm: Tubing:              | Prod Csg PSIG            | Intermediate Csg PSIG | Intermediate Flow: | Intermediate Fluid: |
|---|--|--------------------------|--------------------------|--------------------------|-----------------------|--------------------|---------------------|
| Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 00:00  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       |                    |                     |
| INTERMEDIATE SAMPLE TAKEN?<br><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"/> |                       |                    |                     |
|   | 15:00  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       |                    |                     |
|   | 20:00  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       |                    |                     |
| Character of Intermediate fluid:<br><input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br>Other:(describe)<br>_____ | 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: OIL PRESENT AT BEGINING OF TEST. OIL WAS NOT CONTINUOUS. BLEW DOWN TO ZERO. NO PSI NO FLOW AT END OF TEST. OIL SAMPLE COLLECTED. ANNUAL BLOW DOWN2021.

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

Test Performed By: miguel barron Title: WELLHEAD FOREMAN Phone: (970) 3022475

Signed: RYAN SOKOLOWSKI Title: REGULATORY ANALYST Date: 3/10/2021

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