

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:

C-90

## 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: \_\_\_\_\_ 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: \_\_\_\_\_  
 4. API Number: \_\_\_\_\_ 5. Multiple completion?  Yes  No  
 6. Well Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): \_\_\_\_\_  
 8. County \_\_\_\_\_ 9. Field Name: \_\_\_\_\_  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 7-13-2112. 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>SD</u>	Tubing: <u>NA</u>	Prod Csg <u>7</u>	Intermediate	Surf. Csg
	Fm: _____	Fm: _____	Fm: _____	Csg: <u>NA</u>	<u>0</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?  Yes  No  
 Confirmed open?  Yes  No

## BRADENHEAD SAMPLE TAKEN?

Yes  No  Gas  Liquid

## Character of Bradenhead fluid:

Clear  Fresh

Sulfur  Salty  Black

Other:(describe)

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
Start						
8:30A	SD	NA	7	NA	0	NF
8:35A	SD		7		0	
8:40A	0		7		0	
8:45A	0		7		0	
8:50A	0		7		0	
8:55A	0		7		0	
9:00A	0		7		0	

Instantaneous Bradenhead PSIG at end of test: > 0

### 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 Confirmed open? <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:
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid							
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) _____							
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: Kenny Foster    Title: Operator    Phone: ( )

Signed: Kenny Foster    Title: Operator    Date: 7-13-21

Witnessed By: [Signature]    Title: HSF/Reg. Spec.    Agency: Wapiti