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FORM
17
Rev. 6/99

Brighton Lakes 20-17 1NBH BHT 111521 PDF

ONLY

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

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 30 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: 10694	3. BLM Lease No:
2. Name of Operator: PROVIDENCE OPERATING LLC DBA POCC OPERATING	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. API Number: 05-001-10086	6. Well Name: Brighton Lakes
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW 20 1S66W 6 PM	9. Field Name: DJ HORIZONTAL NIOBRARA
8. County: Adams	10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian
11. Date of Test: 11/15/2021	
12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	

STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: N/A Fm: N/A	Tubing: N/A Fm:	Prod. Casing: -0- Fm: Niobrara	Intermediate Csg:	Surface Casing: -0-
15. STEP 2: See instructions above.					

STEP 3: BRADENHEAD TEST

16. Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: N/A Tubing:	Fm: N/A Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
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	00:	-0-	-0-	-0-	N/A	O
	05:	-0-	-0-	-0-	N/A	O
	10:	-0-	-0-	-0-	N/A	O
	15:	-0-	-0-	-0-	N/A	O
	20:	-0-	-0-	-0-	N/A	O
	25:	-0-	-0-	-0-	N/A	O
30:	-0-	-0-	-0-	N/A	O	
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	Note instantaneous Bradenhead PSIG at end of test: > -0-					

STEP 4: INTERMEDIATE CASING TEST

17. 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:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
With gauges monitoring production 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	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	Note instantaneous Intermediate Casing PSIG at end of test: >					

18. Comments: Well Has not yet been completed, has not been perforated, and does not have a tubing string installed.
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19. STEP 5: See instructions above.

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

Test Performed by: Greg Thorlaksen Title: Field Operations Manager Phone: 719-963-0714

Signed: [Signature] Title: FIELD OPS MGR Date: 11-15-2021

WITNESSED BY: Title: Agency:

