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FORM 17 Rev. 8/99

Brighton Lakes 20-17 2NCH BHT 11521 PDF

ONLY

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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 2. Name of Operator: PROVIDENCE OPERATING LLC DBA POCC OPERATING 3. BLM Lease No: 4. API Number: 05-001-10089 5. Multiple completion? Yes No 6. Well Name: Brighton Lakes Number: 20-17 2NCH 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW 20 1S66W 6 PM 8. County: Adams 9. Field Name: DJ HORIZONTAL NIOBRARA 11. Date of Test: 11/15/2021 12. Well Status: Flowing Shut In Gas Lift Pumping Injection Clock/Intermittent Plunger Lift 13. Number of Casing Strings: Two Three Liner?

14. STEP 1: EXISTING PRESSURES Record all pressures as found Tubing: N/A Tubing: N/A Prod. Casing: -0- Intermediate Csg: Surface Casing: -0- Fm: N/A Fm: Niobrara 15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST Buried valve? Yes No Confirmed open? Yes No Elapsed Time (Min:Sec) Fm: N/A Tubing: Fm: N/A Tubing: Production Casing PSIG Intermediate Casing PSIG Bradenhead Flow: 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 Note instantaneous Bradenhead PSIG at end of test: > -0-

17. STEP 4: INTERMEDIATE CASING TEST Buried valve? Yes No Confirmed open? Yes No Elapsed Time (Min:Sec) Fm: Tubing: Fm: Tubing: Production Casing PSIG Intermediate Casing PSIG Intermediate Flow: 00: 05: 10: 15: 20: 25: 30: 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.

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 Thoriaksen Title: Field Operations Manager Phone: 719-963-0714 Signed: [Signature] Title: FIELD OPS MGR Date: 11-15-2021 WITNESSED BY: Title: Agency:

