

#402988531

FORM
17
Rev. 8/99

State of Colorado Oil and Gas Conservation Commission

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 BUM 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: <u>10752</u>	3. BUM Lease No:
2. Name of Operator: <u>Ogris Operating LLC</u>	
4. API Number: <u>05-071-09531-00</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Well Name: <u>Hill Ranch</u>	Number: <u>36-11</u>
7. Location (Cntr, Sec, Twp, Rng, Meridian): <u>NE/5W 36-34S-67W</u>	
8. County: <u>Las Animas</u>	9. Field Name: <u>Purgatoire River</u>
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	
14. STEP 1: EXISTING PRESSURES	
Record all pressures as found	Surface Casing:
Tubing: <u>0</u>	Prod. Casing: <u>5</u>
Fm:	Fm:
11. Date of Test: <u>3/16/2022</u>	
12. Well Status: <input checked="" type="checkbox"/> Flowing <input 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?	
15. STEP 2: See instructions above.	

STEP 3: BRADENHEAD TEST					
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)	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 = Whimper; S = Surge; G = Gas					
BRADENHEAD SAMPLE TAKEN?					
<input type="checkbox"/> Yes <input 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					
<input type="checkbox"/> Other: (describe) <u>N/A</u>					
Sample cylinder number: <u>N/A</u>					
Note Instantaneous Bradenhead PSIG at end of test: <u>0</u>					

STEP 4: INTERMEDIATE CASING TEST					
Buried valve?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	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 = Whimper; S = Surge; G = Gas					
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					
<input type="checkbox"/> Other: (describe)					
Sample cylinder number:					
Note Instantaneous Intermediate Casing PSIG at end of test: <u>></u>					
18. Comments:					

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: Timothy Garrett Title: Production Phone: 719-491-0446
Signed: Timothy Garrett Date: 3/16/2022
WITNESSED BY: _____ Title: _____ Agency: _____



FOR OGCC USE ONLY