

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:

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.htm#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: 45898 3. BLM Lease No: _____
2. Name of Operator: Kaiser-Francis Oil Company
4. API Number: 05-081-05368 5. Multiple completion? ☐ Yes ☒ No
6. Well Name: Brunner Olive Number: 1
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE, SEC32, T8N, R90W, 6
8. County: Moffat 9. Field Name: _____
10. Minerals: ☒ Fee ☒ State ☐ Federal ☐ Indian

11. Date of Test: 4-13-2022

12. Well Status: ☒ Flowing
☐ Shut In ☐ Gas Lift
☐ Pumping ☐ Injection
☐ Clock/Intermittent
☐ Plunger Lift

13. Number of Casing Strings:
☐ Two ☐ Three ☐ Liner?

14. EXISTING PRESSURES

Record all pressures as found
Tubing: 8 Tubing: _____ Prod Csg: 8 Intermediate Csg: _____ Surf. Csg: 0
Fm: _____ Fm: _____ Fm: _____ Csg: _____

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 H₂O; 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:
0	8	7	8	0	0	
5	8	7	8	0	0	
10	8	7	8	0	0	
15	8	7	8	0	0	
20	8	7	8	0	0	
	7	7	7			
	7	7	7			

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 H2O; 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0	8	0	8	0	0	
INTERMEDIATE SAMPLE TAKEN?	5	8	0	8	0	0	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	10	8	0	8	0	0	
Character of Intermediate fluid:	15	8	0	8	0	0	
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fresh	20	8	0	8	0	0	
<input checked="" type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black							
Other:(describe)							
Instantaneous Intermediate Casing PSIG at end of test: > 0							

Comments:

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

Test Performed By: <u>Lane Jeffcoat</u>	Title: <u>Operator</u>	Phone: <u>(1) 976-629-1713</u>
Signed: <u>[Signature]</u>	Title: <u>Operator</u>	Date: <u>4-13-2022</u>
Witnessed By: _____	Title: _____	Agency: _____