

#403015763

FORM 17 Rev. 6/99

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.  
Step 2. Sample flow, 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. Conduct 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: 10758  
2. Name of Operator: Ogri's Operating LLO 3. BLM Lease No: \_\_\_\_\_  
4. API Number: 05-071-09202-00 5. Multiple completion?  Yes  No  
6. Well Name: Hill Ranch Number: 29-13  
7. Location (Cntrl, Sec, Twp, Rng, Meridian): S45W 29-34S-67W  
8. County: Las Animas 9. Field Name: Puge-Joist River  
10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 4-13-22  
12. Well Status:  Flowing  Shut In  
 Gas Lift  Pumping  Injection  
 Clock/Intermitter  
 Plunger Lift  
13. Number of Casing Strings:  Two  Three  Liner?

14. STEP 1: EXISTING PRESSURES  
Tubing: \_\_\_\_\_ Fm: \_\_\_\_\_  
Prod. Casing: \_\_\_\_\_ Fm: 2  
Intermediate Csg: \_\_\_\_\_  
Surface Casing: \_\_\_\_\_

15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
00:					
05:		<u>-3</u>	<u>2</u>		<u>0</u>
10:		<u>-3</u>	<u>2</u>		<u>0</u>
15:		<u>-3</u>	<u>2</u>		<u>0</u>
20:		<u>-3</u>	<u>2</u>		<u>0</u>
25:		<u>-3</u>	<u>2</u>		<u>0</u>
30:		<u>-3</u>	<u>2</u>		<u>0</u>

Note instantaneous Bradenhead PSIG at end of test: > 0

17. STEP 4: INTERMEDIATE CASING TEST

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: \_\_\_\_\_

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: Dakota Ehart Title: Production Phone: 781-497-0446  
Signed: Dakota Ehart Date: 4-13-22  
WITNESSED BY: \_\_\_\_\_ Agency: \_\_\_\_\_