

#403015865

FORM 17 Rev. 0/99

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 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: <u>10758</u>		3. BLM Lease No: _____	
2. Name of Operator: <u>OGGS Operating LLC</u>		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. API Number: <u>05-071-09476</u>		Number: <u>23-12</u>	
6. Well Name: <u>Hill Ranch</u>			
7. Location (Ctr/Ctr, Sec, Twp, Rng, Meridian): <u>S41NW 23-34S-67W</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	Tubing: Fm: _____	Prod. Casing: Fm: <u>-8</u>	Intermediate Cag: _____
			Surface Casing: _____
15. STEP 2: See instructions above.			
11. Date of Test: <u>4-12-22</u>			
12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Cased/Interruption <input type="checkbox"/> Plunger Lift			
13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?			

16. 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)	Fm. Tubing	Fm. Tubing	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 = Whipper; S = Surge; G = Gas					
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" 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>					
			Fm. Tubing	Production Casing PSIG	Intermediate Casing PSIG
			00:	<u>-8</u>	<u>0</u>
			05:	<u>-8</u>	<u>0</u>
			10:	<u>-8</u>	<u>0</u>
			15:	<u>-8</u>	<u>0</u>
			20:	<u>-8</u>	<u>0</u>
			25:	<u>-8</u>	<u>0</u>
			30:	<u>-8</u>	<u>0</u>
Note instantaneous Bradenhead PSIG at end of test: <u>&gt; 0</u>					

17. 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)	Fm. Tubing	Production Casing PSIG	Intermediate Casing PSIG
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 = Whipper; 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: _____					
			Fm. Tubing	Production Casing PSIG	Intermediate Casing PSIG
			00:		
			05:		
			10:		
			15:		
			20:		
			25:		
			30:		
Note instantaneous Intermediate Casing PSIG at end of test: <u>&gt;</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: <u>Dalea Echart</u>	Title: <u>Postdoctoral</u> Phone: <u>719-497-0446</u>
Signed: <u>Dalea Echart</u>	Title: _____ Date: <u>4-12-22</u>
WITNESSED BY: _____	Title: _____ Agency: _____