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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



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>Ortis Operating LLC</u>		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. API Number: <u>05-01-07637-00</u>		Number: <u>33-06V</u>	
6. Well Name: <u>Hill Ranch</u>		9. Field Name: <u>Purgatoire River</u>	
7. Location (Dir/Oil, Sec, Twp, Rng, Meridian): <u>SE/11W 33-34S-67W</u>		10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	
8. County: <u>Las Animas</u>		11. Date of Test: <u>4-14-22</u>	
12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
14. Record all pressures as found		15. _____	
Tubing: _____		Prod. Casing: _____	
Fm: _____		Fm: _____	
Intermediate Casing: _____		Surface Casing: _____	
Fm: _____		Fm: _____	

STEP 3: BRADENHEAD TEST

16. 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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	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 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>						
Note instantaneous Bradenhead PSIG at end of test: <u>> 0</u>						

STEP 4: INTERMEDIATE CASING TEST

17. 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: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	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: Dakota Chart Title: Leasehold Phone: 719-497-0446
Signed: Dakota Chart Title: _____ Date: 4-14-22
WITNESSED BY: _____ Title: _____ Agency: _____