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FORM  
17  
Rev 5/99

**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 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: <u>OG's Operating LLC</u>		11. Date of Test: <u>4-28-22</u>	
2. Name of Operator: <u>OG's Operating LLC</u>		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
4. API Number: <u>05-071-07988-00</u>		6. Well Name: <u>NEW ELK</u>		<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (City, Sec, Twp, Rng, Meridian): <u>SE/SE 35-33s-68w</u>		9. Field Name: <u>SE/SE 35-33s-68w</u>		<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
8. County: <u>NEW ELK</u>		10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: <u>-16</u>	Prod. Casing: <u>-13</u>	Intermediate Casing: <u>-13</u>	Surface Casing: <u>-13</u>	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)	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; M = Water H2O; W = Mud; Wh = 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>					
Note instantaneous Bradenhead PSIG at end of test: <u>&gt; 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)	Fm: Tubing	Fm: Tubing	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; M = Water H2O; W = Mud; Wh = 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:					
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: Dakota Elbert

Title: Roustabout

Phone: 719-497-0446

Signed: Dakota Elbert

Title:

Date: 4-28-22

WITNESSED BY:

Title:

Agency: