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FORM
17
Rev 09/9State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGC 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 flowline test.
Step 4. Conduct intermediate casing test.
Step 5. Send report to BLM within 30 days and to OGC 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>19268</u>	3. BLM Lease No: _____	11. Date of Test: <u>5-2-22</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 checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: <u>05-071-08734-00</u>	Number: <u>20-03</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
6. Well Name: <u>Golden Eagle</u>	Field Name: <u>NE 1/4 20-33S-67W</u>	<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NE 1/4 20-33S-67W</u>	9. Field Name: <u>Putnam River</u>	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Line 7
8. County: <u>Las Animas</u>	<input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Indian	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Lease <input type="checkbox"/> Other		

14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing: _____ Fm: _____	Prod. Casing: _____ Fm: _____
	Intermediate Casing: _____	Surface Casing: _____
		3

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	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 = Whisper; S = Surge; G = Gas		00:	1		3		0
		05:	1		3		0
		10:	1		3		0
		15:	1		3		0
		20:	1		3		0
		25:	1		3		0
		30:	1		3		0
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 <u>N/A</u> <input type="checkbox"/> Other: (describe) _____							
Sample cylinder number: <u>N/A</u>		Note instantaneous Bradenhead PSIG at end of test: <u>> 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	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 = Whisper; S = Surge; G = Gas		00:					
		05:					
		10:					
		15:					
		20:					
		25:					
		30:					
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 Elbert Title: Raise Stabert Phone: 719-497-0446Signed: Dakota Elbert Title: _____ Date: 5-2-22

WITNESSED BY: _____ Title: _____ Agency: _____