

**FORM**  
**17**  
Rev  
11/20

**State of Colorado**  
**Oil and Gas Conservation Commission**

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



Document Number:  
403054961

**BRADENHEAD TEST REPORT**

Step 1. Before opening any valves, record all tubing and casing pressures as found.  
 Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://cogcc/reg.html#opguidance>  
 Step 3. Conduct Bradenhead test.  
 Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.  
 Step 5. Submit sample analytical results via Form 43.

1. OGCC Operator Number: 10699      3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: OWN RESOURCES OPERATING LLC  
 4. API Number; 05-125-10855-00      5. Multiple completion?     Yes     No  
 6. Well Name: HAYS      Number: 02-01  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE,2,2S,44W,6  
 8. County YUMA      9. Field Name: BEECHER ISLAND  
 10. Minerals:     Fee     State     Federal     Indian

11. Date of Test: 05/11/2022  
 12. Well Status:     Flowing  
 Shut In     Gas Lift  
 Pumping     Injection  
 Clock/Intermitter  
 Plunger Lift  
 13. Number of Casing Strings:  
 Two     Three     Liner?

**14. EXISTING PRESSURES**

|                               |                            |                            |                                 |                            |                       |
|-------------------------------|----------------------------|----------------------------|---------------------------------|----------------------------|-----------------------|
| Record all pressures as found | Tubing: _____<br>Fm: _____ | Tubing: _____<br>Fm: _____ | Prod Csg <u>20</u><br>Fm: _____ | Intermediate<br>Csg: _____ | Surf. Csg<br><u>0</u> |
|-------------------------------|----------------------------|----------------------------|---------------------------------|----------------------------|-----------------------|

**BRADENHEAD TEST**

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.  
 Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper  
 Describe fluid type in "Bradenhead Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

| Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                      | Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: | Bradenhead Fluid: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|-------------|---------------|---------------------|------------------|-------------------|
|                                                                                                                                                                                                                               |                        |            |             |               |                     |                  |                   |
| Character of Bradenhead fluid:<br><input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br>Other:(describe)<br>_____ | 05:00                  |            |             |               |                     |                  |                   |
|                                                                                                                                                                                                                               | 10:00                  |            |             |               |                     |                  |                   |
|                                                                                                                                                                                                                               | 15:00                  |            |             |               |                     |                  |                   |
|                                                                                                                                                                                                                               | 20:00                  |            |             |               |                     |                  |                   |
|                                                                                                                                                                                                                               | 25:00                  |            |             |               |                     |                  |                   |
|                                                                                                                                                                                                                               | 30:00                  |            |             |               |                     |                  |                   |
| REQUIRED - Instantaneous Bradenhead Pressure at End of Test: <u>0</u> PSIG                                                                                                                                                    |                        |            |             |               |                     |                  |                   |

### INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.

Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Intermediate Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

| Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                | Elapsed Time (Min:Sec)                                                           | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermediate Csg PSIG | Intermediate Flow: | Intermediate Fluid: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------|-------------|---------------|-----------------------|--------------------|---------------------|
| Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                              | 00:00                                                                            |            |             |               |                       |                    |                     |
| INTERMEDIATE SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid                                                                                   | 05:00                                                                            |            |             |               |                       |                    |                     |
|                                                                                                                                                                                                                                       | 10:00                                                                            |            |             |               |                       |                    |                     |
|                                                                                                                                                                                                                                       | 15:00                                                                            |            |             |               |                       |                    |                     |
|                                                                                                                                                                                                                                       | 20:00                                                                            |            |             |               |                       |                    |                     |
| Character of Intermediate fluid:<br><input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br>Other:(describe) _____<br>_____ | 25:00                                                                            |            |             |               |                       |                    |                     |
|                                                                                                                                                                                                                                       | 30:00                                                                            |            |             |               |                       |                    |                     |
|                                                                                                                                                                                                                                       | REQUIRED - Instantaneous Intermediate Casing Pressure at End of Test: _____ PSIG |            |             |               |                       |                    |                     |

Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: Luis Aguilar Title: Lease Attendant Phone: ( ) \_\_\_\_\_

Signed: Pat Dolezal Title: Regulatory Specialist Date: 5/19/2022

Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_