

#4403064676

FORM
17
Rev 099State 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>Oasis Operating LLC</u> | | 5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 4. API Number: <u>05-071-07581-00</u> | | 6. Well Name: <u>Apache Canyon</u> | |
| 7. Location (City/Co., Sec, Twp, Rng, Meridian): <u>NW/NE 08-34S-67W</u> | | 8. County: <u>Las Animas</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 | |
| 11. Date of Test: <u>5-25-22</u> | | | |
| 12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift | | | |
| 13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner? | | | |
| 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 |
|--|---|-----------------|---|------------------------|-----|------------|------------|------------------------|--------------------------|-----------------|
| | | | | 00: | 05: | | | | | |
| | | | | 00: | 0 | | | -5 | | 0 |
| | | | | 05: | 0 | | | -5 | | 0 |
| | | | | 10: | 0 | | | -5 | | 0 |
| | | | | 15: | 0 | | | -5 | | 0 |
| | | | | 20: | 0 | | | -5 | | 0 |
| | | | | 25: | 0 | | | -5 | | 0 |
| | | | | 30: | 0 | | | -5 | | 0 |
| 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 |
|---|--|-----------------|--|------------------------|-----|------------|------------|------------------------|--------------------------|-------------------|
| | | | | 00: | 05: | | | | | |
| | | | | 00: | | | | | | |
| | | | | 05: | | | | | | |
| | | | | 10: | | | | | | |
| | | | | 15: | | | | | | |
| | | | | 20: | | | | | | |
| | | | | 25: | | | | | | |
| | | | | 30: | | | | | | |
| Note instantaneous Intermediate Casing PSIG at end of test: <u>></u> | | | | | | | | | | |

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 Ehart Title: Roustabout Phone: 714-417-0446Signed: Dakota Ehart Title: _____ Date: 5-25-22

WITNESSED BY: _____ Title: _____ Agency: _____