

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:

1557698

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: 10027 3. BLM Lease No: 034894
 2. Name of Operator: C & J Field Services
 4. API Number: 05-103-05365 5. Multiple completion? ☒ Yes ☒ No
 6. Well Name: Gout, Lubauer Petroleum Number: #46
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW, SW 2-1N-102W
 8. County Rio Blanco 9. Field Name: Rangely
 10. Minerals: ☒ Fee ☒ State ☒ Federal ☒ Indian

11. Date of Test: 04-01-2212. Well Status: ☒ Flowing☒ Shut In ☒ Gas Lift☒ Pumping ☒ Injection☒ Clock/Intermittent☒ Plunger Lift

13. Number of Casing Strings:

☒ Two ☒ Three ☒ Liner?

N/A

14. EXISTING PRESSURES

Record all pressures as found
 Tubing: 0 Tubing: Prod Csg 0 Intermediate Csg: N/A Surf. Csg N/A
 Fm: Fm: Fm: Csg: N/A Csg: N/A

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? ☒ Yes ☒ No N/A
 Confirmed open? ☒ Yes ☒ No

BRADENHEAD SAMPLE TAKEN? N/A
☒ Yes ☒ No ☒ Gas ☒ Liquid

Character of Bradenhead fluid:

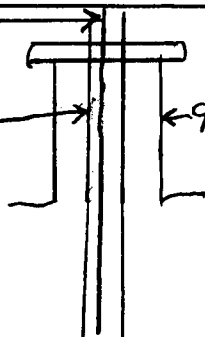
☒ Clear ☒ Fresh☒ Sulfur ☒ Salty ☒ BlackOther:(describe) NONE N/A

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Instantaneous Bradenhead PSIG at end of test: > N/A

5/8" & 3/4" sucker rods

2 7/8" Tbg



1' plate on top of 8 5/8" CSG

90' 8 5/8" CSG

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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>N/A</i> Confirmed open? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>N/A</i>	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
INTERMEDIATE SAMPLE TAKEN? <i>N/A</i> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Gas <input checked="" 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 Other:(describe) <div style="text-align: center; font-size: 1.5em;"><i>N/A</i></div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Instantaneous Intermediate Casing PSIG at end of test: > <u>0</u>							

Comments:

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

Test Performed By: Curt Sambowski Title: owner Phone: (1) 970-629-5161
 Signed: Curt Sambowski Title: owner Date: _____
 Witnessed By: _____ Title: _____ Agency: _____

WELL was P&A then reentered in 2005

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.

Colorado 024894

6. IF INDIAN, ALLEGED OR TRIBE NAME

7. UNIT OR TRACT NAME

None

8. FARM OR LEASE NAME

LuBauer Petroleum Co.

9. ADDRESS

10. FIELD AND POOL, OR WILDCAT

Rangely, Mancos Shal

11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA

Lot 15 Sec. 2

R 102W 6 P.M.

12. COUNTY OR PARISH

El Paso Colorado

13. ELEV. CASINGHEAD

5205

23. INTERVALS DRILLED BY

Yes No

25. WAS DIRECTIONAL SURVEY MADE

No

27. WAS WELL CORED

No

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESEA. ☐ Other ☐

2. NAME OF OPERATOR

LuBauer Petroleum Company

3. ADDRESS OF OPERATOR

1917 E. Washington Street Phoenix, Arizona

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface 5285 DF

At top prod. interval reported below

At total depth 2387

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

16. DATE T.D. REACHED

17. DATE COMPL.

Ready CASPER, WYOMING

20. TOTAL DEPTH, MD & TVD

21. FLOO. BACK T.D., MD & TVD

22. IF MULTIPLE COMPL. HOW MANY*

5286

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, (RANGE (MD AND TVD)*)

2342

26. TYPE ELECTRIC AND OTHER LOGS RUN

None

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT FULLED
8 5/8	23	90	6 3/4	None	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None	None	None	None	None	2 7/8	2312	None

31. PERFORATION RECORD (Interval, size and number)

NO

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
N O N E	

33.*

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

0-24-64

Pumping

DATE OF TEST

HOURS TESTED

CHOKER SIZE

PROD'N. FOR TEST PERIOD

OIL—BSL.

GAS—MCF.

WATER—BSL.

GAS-OIL RATIO

0-25-64

24

No

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42

FLOW. TONING PRESS.

CASING PRESSURE

CALCULATED 24-HOUR RATE

oil—BSL.

GAS—MCF.

WATER—BSL.

OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

42

TEST WITNESSED BY

35. LIST OF ATTACHMENTS COPY RETAINED DENVER

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

DATE

*(See Instructions and Spaces for Additional Data on Reverse Side)