

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:

403139596

## 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.htm#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: 95960 3. BLM Lease No: \_\_\_\_\_2. Name of Operator: WEXPRO COMPANY4. API Number; 05-081-05447-00 5. Multiple completion?  Yes  No6. Well Name: MUSSER, B W "B" Number: 67. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE,4,11N,97W,68. County MOFFAT 9. Field Name: POWDER WASH10. Minerals:  Fee  State  Federal  Indian11. Date of Test: 8-31-2212. 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: <u>288</u> Fm: _____	Tubing: _____ Fm: _____	Prod Csg <u>0</u> Fm: _____	Intermediate Csg: <u>N/A</u>	Surf. Csg <u>0</u>
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## 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 H<sub>2</sub>O; 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

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
00:00	288		0	N/A	N	N
05:00	288		0	N/A	N	N
10:00	288		0	N/A	N	N
15:00	288		0	N/A	N	N
20:00	288		0	N/A	N	N
25:00	288		0	N/A	N	N
30:00	288		0	N/A	N	N
REQUIRED - Instantaneous Bradenhead Pressure at End of Test: <u>0</u> PSIG						

Buried valve?  Yes  NoConfirmed open?  Yes  No

BRADENHEAD SAMPLE TAKEN?

 Yes  No  Gas  Liquid

Character of Bradenhead fluid:

 Clear  Fresh Sulfur  Salty  Black

Other:(describe)

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### 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 Confirmed open? <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:
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 Other:(describe) _____							
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: CLAYTON LAFOND Title: CHIEF OPERATOR Phone: ( ) 307-350-2752

Signed: STEPHANIE BARNETTE Title: PROCESS ASSISTANT Date: 8-31-22

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

1	2	3	4	5	6	7	8
H	M	G	V	L	H & M	H & G	H & V
O	C	D	S	W	N	G & L	V & L
0	1	2	3	4	5	6	7
8	9	10	11	12	13	14	15