

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:

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: _____

3. BLM Lease No: C-150162. Name of Operator: LOCIN OIL4. API Number: 05-045-060285. Multiple completion? ☐ Yes ☐ No6. Well Name: WEST SALT CREEK FeD. Number: 2-187. Location (QtrQtr, Sec, Twp, Rng, Meridian): NE NW 18 7S 103W8. County: GARFIELD9. Field Name: SOUTH CANYON10. Minerals: ☐ Fee ☐ State ☒ Federal ☐ Indian11. Date of Test: 5/17/2312. Well Status: ☐ Flowing☒ Shut In ☐ Gas Lift☐ Pumping ☐ Injection☐ Clock/Intermittent☐ Plunger Lift

13. Number of Casing Strings:

☐ Two ☒ Three ☐ Liner?

14. EXISTING PRESSURES

Record all
pressures
as foundTubing: 390

Fm: _____

Tubing: _____

Fm: _____

Prod Csg 390

Fm: _____

Intermediate

Csg: 80

Surf. Csg

80

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 = NoneBuried valve? ☐ Yes ☒ NoConfirmed open? ☒ Yes ☐ No

BRADENHEAD SAMPLE TAKEN?

☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid:

☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other: (describe)

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
0	U 390	L	J 390	80	0	N
5	U 390	L	J 390	80	0	N
10	U 390	L	J 390	80	0	N
15	U 390	L	J 390	80	0	N
20	U 390	L	J 390	80	0	N
25	U 390	L	J 390	80	0	N
30	U 390	L	J 390	80	0	N

Instantaneous Bradenhead PSIG at end of test: > 0

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 checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0	390		390	80	D	N
INTERMEDIATE SAMPLE TAKEN?	5	390		390	0	O	N
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	10	390		390	0	O	N
Character of Intermediate fluid:	15	390		390	0	O	N
<input type="checkbox"/> Clear <input type="checkbox"/> Fresh	20	390		390	0	O	N
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black	25	390		390	0	O	N
Other:(describe)	30	390		390	0	O	N
Instantaneous Intermediate Casing PSIG at end of test: > 0							

Comments:

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

Test Performed By: Mike Barnes

Title:

Phone: (1970-986-7577)

Signed: Mike Barnes

Title:

Date:

Witnessed By:

Title:

Agency: