

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:

403469660

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: COD039907B2. Name of Operator: WEXPRO COMPANY4. API Number; 05-081-05509-00 5. Multiple completion? Yes No6. Well Name: DONNELL "B" Number: 37. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE,29,12N,97W,68. County MOFFAT 9. Field Name: POWDER WASH10. Minerals: Fee State Federal Indian11. Date of Test: 8-15-2312. 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>71</u>	Tubing: _____	Prod Csg <u>68</u>	Intermediate	Surf. Csg
	Fm: _____	Fm: _____	Fm: _____	Csg: <u>N/A</u>	<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 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:
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____	00:00	71		68	N/A	N	N
	05:00	71		68	N/A	N	N
	10:00	71		68	N/A	N	N
	15:00	71		68	N/A	N	N
	20:00	71		68	N/A	N	N
	25:00	71		68	N/A	N	N
	30:00	71		68	N/A	N	N
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 checked="" type="checkbox"/> No	00:00							
INTERMEDIATE SAMPLE TAKEN? <input checked="" 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: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____	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: CLAYTON LAFOND Title: CHIEF OPERATOR Phone: (307) 350-2752

Signed: STEPHANIE BARNETTE Title: PROCESS ASSISTANT Date: 8-15-23

Witnessed By: _____ Title: _____ Agency: _____