

## 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: L-067542. Name of Operator: LOCIN OIL CORP.4. API Number: 05-045-067545. Multiple completion? ☐ Yes ☐ No6. Well Name: QUINOCO FEDERALNumber: 33-87. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE 33 ... 7S 104W8. County: GARFIELD9. Field Name: SOUTER CANYON10. Minerals: ☐ Fee ☐ State☒ Federal ☐ Indian11. Date of Test: 3/20/2412. 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: 170

Fm: \_\_\_\_\_

Tubing: \_\_\_\_\_

Fm: \_\_\_\_\_

Prod Csg 170

Fm: \_\_\_\_\_

Intermediate

Csg: \_\_\_\_\_

Surf. Csg

10

## 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 = 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:  
TubingFm:  
Tubing:Prod Csg  
PSIGIntermedia  
Csg PSIGBradenhead  
Flow:Bradenhead  
Fluid:0170L1700N5170L1700N10170L1700N15170L1700N20170L1700N25170L1700N30170L1700NInstantaneous 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 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.

|   |                        |                          |                          |                          |                       |                    |                     |
|---|------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------|---------------------|
| 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 type="checkbox"/> No  |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       |                    |                     |
| INTERMEDIATE SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid   |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       |                    |                     |
|   |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       |                    |                     |
| Character of Intermediate fluid:<br><input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br>Other:(describe)<br>_____ |                        | <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: > _____  |                        |                          |                          |                          |                       |                    |                     |

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: ( ) 970-986-7517

Signed: Mike Barnes Title: \_\_\_\_\_ Date: 3/20/24

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