

FORM  
17  
Rev. 6/99State of Colorado  
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

## BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.  
Step 2. Sample now, if intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.  
Step 3. Conduct Bradenhead test.  
Step 4. Conduct intermediate casing test.  
Step 5. Send report to BLM within 30 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: <u>74290</u>	11. Date of Test: <u>3-28-20</u>
2. Name of Operator: <u>Refamed</u>	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
3. BLM Lease No: _____	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
4. API Number: <u>05-103-09362</u>	<input type="checkbox"/> Clock/Intermittent
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: <u>Philadelphia Creek</u>	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>SENE Sec 15, T2S, R10W</u>	
8. County: <u>Rio Blanco</u>	
9. Field Name: <u>Philadelphia Creek</u>	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	
14. STEP 1: EXISTING PRESSURES	
Record all pressures as found	15. STEP 2: See instructions above.
Tubing: <u>40</u>	
Fm: _____	
Tubing: _____	
Fm: _____	
Prod. Casing: _____	
Fm: <u>50</u>	
Intermediate Casing: _____	
Fm: _____	
Surface Casing: <u>5</u>	

16. STEP 3: BRADENHEAD TEST							
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	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
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. Define characteristics of flow in "Bradenhead Flow" column using letter designations below:		00:	12:43	40	50		00
O = No Flow; C = Continuous; D = Down to 0; V = Vapor		05:	12:48	40	50		0
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		10:	12:53	40	50		0
BRADENHEAD SAMPLE TAKEN?		15:	12:58	40	50		0
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		20:	1:03	40	50		0
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		25:	1:08	40	50		0
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		30:	1:13	40	50		0
<input type="checkbox"/> Other: (describe) <u>No Fluid</u>		Note instantaneous Bradenhead PSIG at end of test: > 0					
Sample cylinder number: _____							

17. STEP 4: INTERMEDIATE CASING TEST							
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	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
With gauges monitoring production casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Characterize flow in "Intermediate Flow" column using letter designations below:		00:					
O = No Flow; C = Continuous; D = Down to 0; V = Vapor		05:					
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		10:					
INTERMEDIATE SAMPLE TAKEN?		15:					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		20:					
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		25:					
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		30:					
<input type="checkbox"/> Other: (describe) _____		Note instantaneous Intermediate Casing PSIG at end of test: >					
Sample cylinder number: _____							

18. Comments: _____
_____
_____

19. STEP 5: See instructions above.

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

Test Performed by: Tim Ewell Title: Contractor Phone: 435-823-1220  
Signed: [Signature] Title: \_\_\_\_\_ Date: 3-28-20  
WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_