

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://ocgcc/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: COO-02756
 2. Name of Operator: LOCIN
 4. API Number: 05-103-09219 5. Multiple completion? ☐ Yes ☒ No
 6. Well Name: Arco Fed. B Number: 33-1
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE, SEC 33, T4S, R103W
 8. County Rio Blanco 9. Field Name: _____
 10. Minerals: ☐ Fee ☐ State ☒ Federal ☐ Indian

11. Date of Test: 4-15-24
 12. 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 found
 Tubing: _____ Tubing: 170 Prod Csg 250 Intermediate _____ Surf. Csg _____
 Fm: _____ Fm: _____ Fm: _____ Csg: 0 0

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

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow	Bradenhead Fluid
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
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) <u>None</u>						
0:00	"	" 170	" 250	0	W	N
5:00	"	" 170	" 250	0	O	N
10:00	"	" 170	" 250	0	O	N
15:00	"	" 170	" 250	0	O	N
20:00	"	" 170	" 250	0	O	N
25:00	"	" 170	" 250	0	O	N
30:00	"	" 170	" 250	0	O	N
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

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.

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow	Intermediate Fluid
0:00	<input type="checkbox"/>	<input checked="" type="checkbox"/> 170	250	0	W	N
5:00	<input type="checkbox"/>	<input checked="" type="checkbox"/> 170	250	0	O	N
10:00	<input type="checkbox"/>	<input checked="" type="checkbox"/> 170	250	0	O	N
15:00	<input type="checkbox"/>	<input checked="" type="checkbox"/> 170	250	0	O	N
20:00	<input type="checkbox"/>	<input checked="" type="checkbox"/> 170	250	0	O	N
25:00	<input type="checkbox"/>	<input checked="" type="checkbox"/> 170	250	0	O	N
30:00	<input type="checkbox"/>	<input checked="" type="checkbox"/> 170	250	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: Aaron Dembowski Title: Pumper Phone: 0 970-629-8691
Signed: _____ Title: _____ Date: _____
Witnessed By: _____ Title: _____ Agency: _____