

FORM  
17Rev  
11/20

## State of Colorado

## Energy &amp; Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403833283

## 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://ecmc/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. ECMC Operator Number: 10433 3. BLM Lease No: \_\_\_\_\_

2. Name of Operator: LARAMIE ENERGY LLC

4. API Number; 05-045-13034-00 5. Multiple completion? ☐ Yes ☐ No

6. Well Name: CASCADE CREEK Number: 697-17-62D

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW,20,6S,97W,6

8. County GARFIELD 9. Field Name: GRAND VALLEY

10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 06/18/2024

12. 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: 233 Fm: _____	Tubing: _____ Fm: _____	Prod Csg 236 Fm: _____	Intermediate Csg: _____	Surf. Csg 290
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## 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 = None

Buried valve? ☐ Yes ☒ No

Confirmed 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:
00:00	233		290		NO FLOW	
05:00	233		237		DOWN TO 0	
10:00	234		237		NO FLOW	
15:00	234		237		NO FLOW	
20:00	191		230		NO FLOW	
25:00	187		216		NO FLOW	
30:00	219		221		NO FLOW	

REQUIRED - Instantaneous Bradenhead Pressure at End of Test: 0 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 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	00:00						
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:00						
	10:00						
	15:00						
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____	20:00						
	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: Mike Crown Title: Lease Operator Phone: (970) 312-6479  
Signed: Lori Muhr Title: Regulatory Specialist Date: 6/24/2024  
Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_