

**FORM**  
**17**  
Rev  
11/20

**State of Colorado**  
**Energy & Carbon Management Commission**



Document Number:  
403990410

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**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: 47200      3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: KGH OPERATING COMPANY  
 4. API Number; 05-103-10376-00      5. Multiple completion?     Yes     No  
 6. Well Name: FEDERAL      Number: 24-14  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW,24,1S,104W,6  
 8. County RIO BLANCO      9. Field Name: GILSONITE DRAW  
 10. Minerals:     Fee     State     Federal     Indian

11. Date of Test: 08/27/2024  
 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: <u>99</u><br>Fm: _____ | Tubing: _____<br>Fm: _____ | Prod Csg <u>97</u><br>Fm: _____ | Intermediate Csg: _____ | Surf. Csg <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 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 checked="" type="checkbox"/> No<br>Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>BRADENHEAD SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid<br>Character of Bradenhead 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>_____ | Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: | Bradenhead Fluid: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|-------------|---------------|---------------------|------------------|-------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 00:00                  | 99         |             | 97            |                     | NO FLOW          | NONE              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 05:00                  | 99         |             | 97            |                     | NO FLOW          | NONE              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10:00                  | 73         |             | 99            |                     | NO FLOW          | NONE              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15:00                  | 66         |             | 99            |                     | NO FLOW          | NONE              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20:00                  | 67         |             | 75            |                     | NO FLOW          | NONE              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 25:00                  | 67         |             | 80            |                     | NO FLOW          | NONE              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 30:00                  | 67         |             | 80            |                     | NO FLOW          | NONE              |
| 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 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?<br><input 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:<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>_____ | 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: Wade Cox Title: Lease Operator Phone: (970) 5747299  
 Signed: Jacob Hohn Title: Engineer Date: 11/12/2024  
 Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_