

RECEIVED
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Form
17
Rev. 07/23

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 301, Denver, Colorado 80203 (303) 854-2100 Fax (303) 624-2709



BRADENHEAD TEST REPORT

Step 1: Record all tubing and casing pressures on tubing.
Step 2: Sample flow, if intermediate or surface casing pressure is not in derivative series, 1 psi.
Step 3: Conduct Bradenhead test.
Step 4: Conduct intermediate casing test.
Step 5: Send report to BLM within 30 days after the test. If the test is not completed, submit a report to BLM within 30 days after the test. If the test is not completed, submit a report to BLM within 30 days after the test.

1. OGCC Operator Number: Williford
2. Name of Operator: Williford
3. State License No.: 0524706593
4. API Number: 0524706593
5. Multiple completion? ☐ Yes ☒ No
6. Well Name: Long A Schluter #B
7. Location (County, Sec, Twp, Rng, Meridian): SW 34 2-33-11
8. County: La Plata
9. Field Name: SW 34
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 10/28/24

12. Well Status: ☐ Flowing ☒ Shut in
☐ Gas Lift ☐ Pumpjack ☐ Injection
☐ Cased/Intermediate ☐ Plugger Lift

13. Number of Casing Strings: 1 Two ☐ Three ☐ Unkn?

14. STEP 1: EXISTING PRESSURES
Record all pressures as found
Tubing: 2# From: 2# To: 3#
Intermediate Casing: N/A
Surface Casing: 1.5

15. STEP 2: See instructions above.

STEP 3: BRADENHEAD TEST					
Buried valve?	Confirmed open?	Elapsed Time (min:sec)	From (Tubing)	Production Casing PSIG	Intermediate Casing PSIG
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10 sec	.2	.3	D
		1/4 valve	.2	.3	Ø
			.2	.3	Ø
					END TEST
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"/> Frost					
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black					
<input type="checkbox"/> Other (describe):					
Sample cylinder number:					

STEP 4: INTERMEDIATE CASING TEST					
Buried valve?	Confirmed open?	Elapsed Time (min:sec)	From (Tubing)	Production Casing PSIG	Intermediate Casing PSIG
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	05			
		05			
		05			
		05			
		05			
INTERMEDIATE SAMPLE TAKEN?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid					
Character of intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Frost					
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black					
<input type="checkbox"/> Other (describe):					
Sample cylinder number:					

16. Comments:

18. 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: Mitch Kennedy Title: Tech Phone: 970 238 1206
Signed: [Signature] Date: 10/28/24
Witnessed by: _____ Agency: _____