

FORM  
17

State of Colorado

Oil and Gas Conservation Commission



Document Number:

Rev  
11/20

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

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://cogcc/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: \_\_\_\_\_  
 2. Name of Operator: Citation  
 4. API Number: 05-017-06813 5. Multiple completion?  Yes  No  
 6. Well Name: Arapahoe Unit Number: 163 (41-20)  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): N1/4E20... 14S 42W  
 8. County \_\_\_\_\_ 9. Field Name: Arapahoe  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 1-27-36  
 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>40</u> Fm: _____	Tubing: _____ Fm: _____	Prod Csg <u>30</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>54</u>
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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

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
0	40		30		D	G
5	38		30		O	N
10	37		33		O	N
15	38		32		O	N
20	40		33		O	N
25	39		33		O	N
30	40		33		O	N
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

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) \_\_\_\_\_

## 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.

	Elapsed Time (Min:Sec)	Fm. Tubing	Fm. Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow	Intermediate Fluid
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No							
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid							
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) _____							
Instantaneous Intermediate Casing PSIG at end of test: > _____							

Comments:

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

Test Performed By: Devin Zalsac Title: Env. Professional Phone: (1) 915-539-6401  
 Signed: [Signature] Title: \_\_\_\_\_ Date: 1-27-26  
 Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_