



FORM
17
Rev 8/99

State of Colorado
Oil and Gas Conservation Commission

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



FOR O&GCC USE ONLY

RECEIVED

OCT 31 2008

COGCC

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.
Step 2. Sample now, if intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.
Step 3. Conduct Bradenhead test.
Step 4. Conduct Intermediate casing test.
Step 5. Send report to BLM within 30 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: 16800
2. Name of Operator: DELTA PETROLEUM CORP 3. BLM Lease No: _____
4. API Number 05-077-09194-00 5. Multiple completion? ☐ Yes ☒ No
6. Well Name: VEGA Number: 4-244
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW NE SEC 9, T10S R93W 6th PM
8. County: MESA 9. Field Name: vega
10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 10/29/08
12. Well Status: ☒ Flowing ☐ Shut In
☐ Gas Lift ☐ Pumping ☐ Injection
☐ Clock/Interrmitter
☐ Plunger Lift
13. Number of Casing Strings:
☒ Two ☐ Three ☐ Liner?

14. STEP 1: EXISTING PRESSURES
Record all pressures as found
Tubing: 300 Tubing: _____ Prod. Casing: 800 Intermediate Casing: _____ Surface Casing: 620
Fm: MV Fm: _____ Fm: MV

15. STEP 2: See instructions above.

STEP 3: BRADENHEAD TEST						
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: <u>MV</u>	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
		Tubing: <u>300</u>	Tubing: _____			
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. Define characteristics of flow in "Bradenhead Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas	00:	<u>300</u>		<u>800</u>		<u>C</u>
	05:	<u>300</u>		<u>800</u>		<u>C</u>
	10:	<u>300</u>		<u>800</u>		<u>C</u>
	15:	<u>300</u>		<u>800</u>		<u>C</u>
	20:	<u>300</u>		<u>800</u>		<u>C</u>
	25:	<u>300</u>		<u>800</u>		<u>C</u>
	30:	<u>300</u>		<u>800</u>		<u>C</u>
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 <input type="checkbox"/> Other: (describe) _____ Sample cylinder number: _____ Note instantaneous Bradenhead PSIG at end of test: <u>> 50</u>						

STEP 4: INTERMEDIATE CASING TEST						
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: _____	Fm: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
		Tubing: _____	Tubing: _____			
With gauges monitoring production casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Characterize flow in "Intermediate Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas	00:					<u>7323</u>
	05:					<u>6388</u>
	10:					<u>6560</u>
	15:					
	20:					
	25:					
	30:					
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 <input type="checkbox"/> Other: (describe) _____ Sample cylinder number: _____ Note instantaneous Intermediate Casing PSIG at end of test: <u>></u>						

18. Comments: Bled through 1/2" needle valve

19. 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: BRENT WALKER Title: LEASE OPERATOR Phone: 970-487-3198

Signed: [Signature] Title: _____ Date: 10/29/08

WITNESSED BY: _____ Title: _____ Agency: _____