

FORM
17
Rev. 8/08State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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COGCC

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.
 Step 2. Sample raw, 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: <u>16800</u>		3. BLM Lease No: _____		11. Date of Test: <u>9-18-10</u>	
2. Name of Operator: <u>DELTA PETROLEUM</u>		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
4. API Number: <u>05-077-09634-00</u>		Number: <u>26-311</u>		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
6. Well Name: <u>NORTH VEGA</u>		7. Location (Cibola, Sec, Twp, Rng, Meridian): <u>NESW Sec 23-T4S-R93W</u>		<input type="checkbox"/> Check/Intermittent	
8. County: <u>Mesa</u>		9. Field Name: <u>NORTH VEGA</u>		<input checked="" type="checkbox"/> Plunger Lift	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other?		15. _____	
14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: <u>172</u> Fm: _____	Tubing: _____ Fm: _____	Prod. Casing: <u>195</u> Fm: _____	Intermediate Casing: _____ Fm: _____	Surface Casing: <u>280</u> Fm: _____
16. STEP 2: See instructions above.					

16. STEP 3: BRADENHEAD TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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					
BRADENHEAD SAMPLE TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: _____					
Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
00:	<u>172</u>		<u>195</u>		<u>CG</u>
05:	<u>179</u>		<u>203</u>		<u>CG</u>
10:	<u>185</u>		<u>207</u>		<u>CG</u>
15:	<u>187</u>		<u>210</u>		<u>CG</u>
20:	<u>189</u>		<u>214</u>		<u>CG</u>
25:	<u>193</u>		<u>217</u>		<u>CW</u>
30:	<u>196</u>		<u>220</u>		<u>CW</u>
Note instantaneous Bradenhead PSIG at end of test: <u>> 0</u>					

17. 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					
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					
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: _____					
Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
00:					
05:					
10:					
15:					
20:					
25:					
30:					
Note instantaneous Intermediate Casing PSIG at end of test: <u>></u>					

18. Comments: _____

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: PAUL Heckman Title: Lease Operator Phone: 970-487-3198Signed: P-A Title: _____ Date: 9-18-10

WITNESSED BY: _____ Title: _____ Agency: _____