

FORM 17 Rev 5/09

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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: 31257	11. Date of Test: 2-24-16
2. Name of Operator: Fritzier Resources	12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In
4. API Number: 05-001-07673	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
3. BLM Lease No:	<input type="checkbox"/> Clock/Intermitter
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: Apollo State #1-36	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE 36 2S 57W 6 PM	
8. County: Adams	
9. Field Name: Apollo	
10. Minerals: <input type="checkbox"/> Fee <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	
14. STEP 1: EXISTING PRESSURES	
Record all pressures as found	16. STEP 2: See instructions above.
Tubing: Fm: 6	
Tubing: Fm: 0	
Prod. Casing: Fm: 0	
Intermediate Cag: Fm: 0	
Surface Casing: Fm: 0	

16. STEP 3: BRADENHEAD TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG
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:	0		0
BRADENHEAD SAMPLE TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		05:	—		0
<input type="checkbox"/> Gas <input type="checkbox"/> Liquid		10:	—		0
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		15:	0		0
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		20:	—		0
<input type="checkbox"/> Other: (describe) <u>None</u>		25:	0		0
Sample cylinder number:		30:	0		0
Note instantaneous Bradenhead PSIG at end of test:					> 0

17. STEP 4: INTERMEDIATE CASING TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG
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:			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		05:			
<input type="checkbox"/> Gas <input type="checkbox"/> Liquid		10:			
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		15:			
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		20:			
<input type="checkbox"/> Other: (describe)		25:			
Sample cylinder number:		30:			
Note instantaneous Intermediate Casing PSIG at end of test:					>

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: [Signature] Title: VP Phone: 970 768 0825

Signed: [Signature] Title: _____ Date: 2-24-16

WITNESSED BY: [Signature] Title: Secy/Pres. Agency: 2-24-16

