


FORM 17 Rev 6/99	State of Colorado				DE	ET	OE	ES	
	Oil and Gas Conservation Commission		1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		Document Number: 402067970				
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 3 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: 74165 3. BLM Lease No: _____					11. Date of Test: 06/10/2019				
2. Name of Operator: RENEGADE OIL & GAS COMPANY LLC					12. Well Status: <input type="checkbox"/> Flowing				
4. API Number: 05-005-06921-00 5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift				
6. Well Name: SCHROTH-UPRR Number: 22-21					<input type="checkbox"/> Pumping <input type="checkbox"/> Injection				
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW,21,5S,62W,6					<input type="checkbox"/> Clock/Intermitter				
8. County ARAPAHOE 9. Field Name: PRONGHORN					<input type="checkbox"/> Plunger Lift				
10. Minerals: <input checked="" 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"/> Liner?				
14. EXISTING PRESSURES									
Record all pressures as found	Tubing: _____	Tubing: 230	Prod Csg 440	Intermediate	Surf. Csg				
	Fm: _____	Fm: JSand	Fm: JSand	Csg: _____	0				
BRADENHEAD TEST									
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				00:00	<input type="checkbox"/>	<input type="checkbox"/> 230	<input type="checkbox"/> 440		<input type="checkbox"/> 0
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				05:00	<input type="checkbox"/>	<input type="checkbox"/> 230	<input type="checkbox"/> 440		<input type="checkbox"/> 0
				10:00	<input type="checkbox"/>	<input type="checkbox"/> 230	<input type="checkbox"/> 440		<input type="checkbox"/> 0
				15:00	<input type="checkbox"/>	<input type="checkbox"/> 230	<input type="checkbox"/> 440		<input type="checkbox"/> 0
				20:00	<input type="checkbox"/>	<input type="checkbox"/> 230	<input type="checkbox"/> 440		<input type="checkbox"/> 0
				25:00	<input type="checkbox"/>	<input type="checkbox"/> 230	<input type="checkbox"/> 440		<input type="checkbox"/> 0
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid				30:00	<input type="checkbox"/>	<input type="checkbox"/> 230	<input type="checkbox"/> 440		<input type="checkbox"/> 0
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh				Instantaneous Bradenhead PSIG at end of test: > 0					
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black									
Other:(describe)									
Sample cylinder number: NA									
INTERMEDIATE CASING TEST									
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
Confirmed open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
With gauges monitoring production, intermediate 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				05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid				30:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh				Instantaneous Intermediate Casing PSIG at end of test: >					
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black									
Other:(describe)									
Sample cylinder number: _____									