

Well Box Elder L1

date+time: 12/11/19

7:34

FORM
17
Rev. 8/99State of Colorado
Oil and Gas Conservation Commission

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



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: <u>17320</u>		11. Date of Test: <u>12-11-19</u>	
2. Name of Operator: <u>City & County of Denver</u>		3. BLM Lease No: _____	
4. API Number: <u>05-031-07076</u>		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Well Name: <u>BOX ELDER</u>		Number: <u>L1</u>	
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NESW 12-25-65W 68M</u>		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
8. County: <u>Denver</u>		9. Field Name: _____	
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. STEP 1: EXISTING PRESSURES			
Record all pressures as found	Tubing: <u>540</u> Fm: <u>JSND</u>	Prod. Casing: <u>540</u> Fm: <u>JSND</u>	Intermediate Csg: <u>BH</u> Surface Casing: _____
15. STEP 2: See instructions above.			

16. STEP 3: BRADENHEAD TEST					
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min:Sec) Fm: <u>JSND</u> Fm: _____			
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		Production Casing PSIG Intermediate Casing PSIG Bradenhead Flow			
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		00: <u>540</u> <u>540</u> <u>0</u> <u>0</u>			
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) _____		05: <u>540</u> <u>540</u> <u>0</u> <u>0</u>			
Sample cylinder number: _____		10: <u>540</u> <u>540</u> <u>0</u> <u>0</u>			
		15: <u>540</u> <u>540</u> <u>0</u> <u>0</u>			
		20: <u>540</u> <u>540</u> <u>0</u> <u>0</u>			
		25: <u>540</u> <u>540</u> <u>0</u> <u>0</u>			
		30: <u>540</u> <u>540</u> <u>0</u> <u>0</u>			
Note instantaneous Bradenhead PSIG at end of test: >					

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		Elapsed Time (Min:Sec) Fm: _____ Fm: _____			
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		Production Casing PSIG Intermediate Casing PSIG Intermediate Flow			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		00: _____			
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) _____		05: _____			
Sample cylinder number: _____		10: _____			
		15: _____			
		20: _____			
		25: _____			
		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: BILL FARMER Title: AGENT Phone: _____Signed: Bill Farmer Title: _____ Date: 12/11/2019

WITNESSED BY: _____ Title: _____ Agency: _____