

FORM

17

Rev
11/20

State of Colorado

Oil and Gas Conservation Commission

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



Document Number:

1557698

BRADENHEAD TEST REPORT

Step 1. Before opening any valves, record all tubing and casing pressures as found.

Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://cogcc/reg.html#opguidance>

Step 3. Conduct Bradenhead test.

Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.

Step 5. Submit sample analytical results via Form 43.

1. OGCC Operator Number: 10027 3. BLM Lease No: 45880

2. Name of Operator: C&J Field Services

4. API Number: 103-09479 5. Multiple completion? ☒ Yes ☒ No

6. Well Name: Adam Number: #2

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW 5, 2N-103W P

8. County Rio Blanco 103 9. Field Name: Rangely

10. Minerals: ☒ Fee ☒ State ☒ Federal ☒ Indian

11. Date of Test: 04-04-20

12. Well Status: ☒ Flowing

☒ Shut In ☒ Gas Lift

☒ Pumping ☒ Injection

☒ Clock/Intermittent

☒ Plunger Lift

13. Number of Casing Strings:

☒ Two ☒ Three ☒ Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: <u>0</u>	Tubing: <u> </u>	Prod Csg <u>0</u>	Intermediate Csg: <u>N/A</u>	Surf. Csg: <u>N/A</u>
	Fm: <u> </u>	Fm: <u> </u>	Fm: <u>Open Hole Emery</u>	Csg: <u>N/A</u>	

BRADENHEAD TEST

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.

Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Bradenhead Fluid" column: H = Water H₂O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

Buried valve? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermediate Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
Confirmed open? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
BRADENHEAD SAMPLE TAKEN? <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Character of Bradenhead fluid:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Clear <input type="checkbox"/> Fresh		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other:(describe) <u>No Bradenhead</u> <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Instantaneous Bradenhead PSIG at end of test: > <u>N/A</u>							

5/8" & 3/4"
Sucker Rods
& Pump

OPEN Hole Completion

85' of 7" CSG

2 3/8" 1bg Depth unknown

INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.

Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Intermediate Fluid" column: H = Water H₂O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

Buried valve? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A Confirmed open? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INTERMEDIATE SAMPLE TAKEN? N/A <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid							
Character of Intermediate fluid: N/A <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other: (describe) <u>85' of 7" CSB with 12 Sack</u> <u>of Cement. Open Hole Completion</u>							
Instantaneous Intermediate Casing PSIG at end of test: > _____							

Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: <u>Curt Dembowski</u>	Title: <u>OWNER</u>	Phone: <u>(1) 970-629-5161</u>
Signed: <u>Curt Dembowski</u>	Title: <u>OWNER</u>	Date: <u>04-04-22</u>
Witnessed By: _____	Title: _____	Agency: _____