

11-18

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: <hr/>
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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://cogocreg.htm#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: <u>51130</u>	3. BLM Lease No: <u>002322</u>
2. Name of Operator: <u>Lochin Oil Corporation</u>	
4. API Number: <u>05103 09288</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Well Name: <u>FORK UNIT FEDERAL</u>	Number: <u>11-18-1-1</u>
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW ... 18 15 10W 6P.m</u>	
8. County: <u>RIO BLANCO</u>	9. Field Name: <u>FORK UNIT</u>
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian	

11. Date of Test: <u>10/18/23</u>
12. Well Status: <input checked="" type="checkbox"/> Flowing
<input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift
<input type="checkbox"/> Pumping <input type="checkbox"/> Injection
<input type="checkbox"/> Clock/Intermitter
<input type="checkbox"/> Plunger Lift

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: <u>28</u>	Tubing: _____	Prod Csg <u>29</u>	Intermediate _____	Surf. Csg _____
	Fm: _____	Fm: _____	Fm: _____	Csg: _____	<u>0</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4:10	<input type="checkbox"/> 28	<input type="checkbox"/>	<input type="checkbox"/> 29		O	N
BRADENHEAD SAMPLE TAKEN?	4:15	<input type="checkbox"/> 28	<input type="checkbox"/>	<input type="checkbox"/> 29		O	N
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	4:20	<input type="checkbox"/> 28	<input type="checkbox"/>	<input type="checkbox"/> 29		O	N
Character of Bradenhead fluid:	4:25	<input type="checkbox"/> 28	<input type="checkbox"/>	<input type="checkbox"/> 29		O	N
<input type="checkbox"/> Clear <input type="checkbox"/> Fresh	4:30	<input type="checkbox"/> 28	<input type="checkbox"/>	<input type="checkbox"/> 29		O	N
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black	4:35	<input type="checkbox"/> 28	<input type="checkbox"/>	<input type="checkbox"/> 29		O	N
Other:(describe)	4:40	<input type="checkbox"/> 28	<input type="checkbox"/>	<input type="checkbox"/> 29		O	N
<u>NA</u>	Instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

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 type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input 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"/>			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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: Lorey Christian Title: Pumper Phone: 0 970 675 8451
 Signed: Lorey W. Christian Title: Pumper Date: 10/18/23
 Witnessed By: _____ Title: _____ Agency: _____