

FORM
17Rev
11/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

403641067

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: 83130 3. BLM Lease No: _____

2. Name of Operator: STRACHAN EXPLORATION INC

4. API Number; 05-123-21315-00 5. Multiple completion? ☐ Yes ☐ No

6. Well Name: WICKSTROM Number: 6-5

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW,6,7N,59W,6

8. County WELD 9. Field Name: CROW

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

11. Date of Test: 12/14/2023

12. Well Status: ☐ Flowing☐ Shut In ☐ Gas Lift☒ Pumping ☐ Injection☐ Clock/Intermitter☐ Plunger Lift

13. Number of Casing Strings:

☒ Two ☐ Three ☐ Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: 32 Fm: DSND	Tubing: _____ Fm: _____	Prod Csg 30 Fm: _____	Intermediate Csg: _____	Surf. Csg 0
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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 = NoneBuried valve? ☐ Yes ☒ NoConfirmed open? ☒ Yes ☐ No

BRADENHEAD SAMPLE TAKEN?

☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid:

☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

no flow

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
00:00	DSND 32		30		NO FLOW	NONE
05:00	DSND 32		30		NO FLOW	NONE
10:00	DSND 32		30		NO FLOW	NONE
15:00	DSND 32		30		NO FLOW	NONE
20:00	DSND 32		30		NO FLOW	NONE
25:00	DSND 32		30		NO FLOW	NONE
30:00	DSND 32		30		NO FLOW	NONE

REQUIRED - Instantaneous Bradenhead Pressure at End of Test: 0 PSIG

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:
	00:00						
	05:00						
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	10:00						
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____	15:00						
	20:00						
	25:00						
	30:00						
REQUIRED - Instantaneous Intermediate Casing Pressure at End of Test: _____ PSIG							

Comments: no pressure, flow or recovery

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

Test Performed By: Bill Scofield Title: Pumper Phone: (970) 571-5068
Signed: Shawn Reed Title: Consultant Date: 1/1/2024
Witnessed By: _____ Title: _____ Agency: _____