

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:

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: _____ 3. BLM Lease No: _____
 2. Name of Operator: Citation
 4. API Number: 05-017-06795 5. Multiple completion? Yes ☐ No ☐
 6. Well Name: Frontier Unit Number: U-7 #2
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____
 8. County _____ 9. Field Name: _____
 10. Minerals: Fee State Federal Indian

11. Date of Test: 5-13-2512. Well Status: ☒ FlowingShut 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>30</u>	Tubing: _____	Prod Csg <u>38</u>	Intermediate _____	Surf. Csg _____
	Fm: _____	Fm: _____	Fm: _____	Csg: _____	<u>4</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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No	0	30		38		W	G
BRADENHEAD SAMPLE TAKEN?	5	31		38		W	G
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Liquid	10	31		39		W	G
Character of Bradenhead fluid:	15	33		38		W	G
Clear Fresh	20	33		38		W	G
Sulfur Salty Black	25	33		38		W	G
Other:(describe)	30	33		38		W	G
Instantaneous Bradenhead PSIG at end of test: > <u>4</u>							

Pump active at start, off at 10 min, on at 20.

BH and PCDC early due to well blow down
 BH and PCDC may be tripping due to low pressure.

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? Yes No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Confirmed open? Yes No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No Gas Liquid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Character of Intermediate fluid: Clear Fresh Sulfur Salty Black Other:(describe) _____		<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"/>			
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: Darin Zalsky Title: Equipment Counselor Phone: (0) 915-539-6401

Signed: [Signature] Title: _____ Date: 5-15-25

Witnessed By: _____ Title: _____ Agency: _____