



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 3 days and to ECMC 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. ECMC Operator Number: 10311 3. BLM Lease No: _____
 2. Name of Operator: SRC ENERGY INC
 4. API Number; 05-123-47697-00 5. Multiple completion? Yes No
 6. Well Name: Bost Farm Number: 41N-8C-L
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW,7,5N,66W,6
 8. County WELD 9. Field Name: WATTENBERG
 10. Minerals: Fee State Federal Indian

11. Date of Test: 01/16/2019
 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: _____ Fm: _____	Tubing: _____ Fm: _____	Prod Csg <u>5</u> Fm: <u>N-COM</u>	Intermediate Csg: _____	Surf. Csg _____ <u>0</u>
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BRADENHEAD TEST

Buried valve? Yes No
 Confirmed open? Yes No
 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

BRADENHEAD SAMPLE TAKEN?
 Yes No Gas Liquid
 Character of Bradenhead fluid: Clear Fresh
 Sulphur Salty Black
 Other:(describe) _____
 Sample cylinder number: _____

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5		NO FLOW
05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5		NO FLOW
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5		NO FLOW
15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5		NO FLOW
20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5		NO FLOW
25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5		NO FLOW
30:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5		NO FLOW

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? Yes No
 Confirmed open? Yes No
 With gauges monitoring production, intermediate 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

INTERMEDIATE SAMPLE TAKEN?
 Yes No Gas Liquid
 Character of Intermediate fluid: Clear Fresh
 Sulphur Salty Black
 Other:(describe) _____
 Sample cylinder number: _____

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instantaneous Intermediate Casing PSIG at end of test: >

Comments: No fluid, gas or vapors.

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

Test Performed By: Michael Gill Title: Consultant Phone: (970) 590.7855

Signed: Christi Ng Title: Sr. Regulatory Analyst Date: 1/17/2019

Witnessed By: _____ Title: _____ Agency: _____