

State of Colorado  
Oil and Gas Conservation Commission

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|                               |    |    |    |
|-------------------------------|----|----|----|
| DE                            | ET | OE | ES |
| Document Number:<br>400052894 |    |    |    |

**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 OGCC 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. OGCC Operator Number: <u>47120</u>   | 3. BLM Lease No: _____  | 11. Date of Test: <u>04/06/2010</u>   |
| 2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>   |   | 12. Well Status: <input type="checkbox"/> Flowing   |
| 4. API Number; <u>05-123-16038-00</u>   | 5. Multiple completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift  |
| 6. Well Name: <u>DACONO</u>   | Number: <u>33-36</u>  | <input type="checkbox"/> Pumping <input type="checkbox"/> Injection   |
| 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSE,36,2N,68W,6</u>  |   | <input type="checkbox"/> Clock/Intermitter  |
| 8. County <u>WELD</u>   | 9. Field Name: <u>WATTENBERG</u>  | <input checked="" type="checkbox"/> Plunger Lift  |
| 10. Minerals: <input type="checkbox"/> Fee <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian |   | 13. Number of Casing Strings:<br><input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner? |

| 14. EXISTING PRESSURES        |  |                            |   |                            |                       |
|-------------------------------|--|----------------------------|---|----------------------------|-----------------------|
| Record all pressures as found | Tubing: <u>170</u><br>Fm: <u>JNBCD</u> | Tubing: _____<br>Fm: _____ | Prod Csg <u>180</u><br>Fm: <u>JNBCD</u> | Intermediate<br>Csg: _____ | Surf. Csg<br><u>0</u> |

| BRADENHEAD TEST  |                        |            |             |               |                     |                  |   |
|--|------------------------|------------|-------------|---------------|---------------------|------------------|---|
| Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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.)<br>Record pressures at five minute intervals Define characteristics of flow in "Bradenhead Flow" column using letter designations below:<br>O = No Flow; C = Continuous; D = Down to 0; V = Vapor<br>H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas | Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: |   |
|  |                        | 00:00      | JNBCD 170   |               | 180                 |                  | O |
|  |                        | 05:00      | JNBCD 170   |               | 180                 |                  | O |
|  |                        | 10:00      | JNBCD 170   |               | 180                 |                  | O |
|  |                        | 15:00      | JNBCD 170   |               | 180                 |                  | O |
|  |                        | 20:00      | JNBCD 170   |               | 180                 |                  | O |
|  |                        | 25:00      | JNBCD 170   |               | 185                 |                  | O |
|  |                        | 30:00      | JNBCD 175   |               | 185                 |                  | O |

BRADENHEAD SAMPLE TAKEN?  Yes  No  Gas  Liquid

Character of Bradenhead fluid:  Clear  Fresh  
 Sulfur  Salty  Black

Other:(describe) None

Sample cylinder number: \_\_\_\_\_ Instantaneous Bradenhead PSIG at end of test: > 0

| INTERMEDIATE CASING TEST  |                        |            |             |               |                     |                  |  |
|---|------------------------|------------|-------------|---------------|---------------------|------------------|--|
| Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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:<br>O = No Flow; C = Continuous; D = Down to 0; V = Vapor<br>H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas | Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: |  |
|   |                        |            |             |               |                     |                  |  |
|   |                        |            |             |               |                     |                  |  |
|   |                        |            |             |               |                     |                  |  |
|   |                        |            |             |               |                     |                  |  |
|   |                        |            |             |               |                     |                  |  |
|   |                        |            |             |               |                     |                  |  |
|   |                        |            |             |               |                     |                  |  |

INTERMEDIATE SAMPLE TAKEN?  Yes  No  Gas  Liquid

Character of Intermediate fluid:  Clear  Fresh  
 Sulfur  Salty  Black

Other:(describe)

Sample cylinder number: \_\_\_\_\_ 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: Bret Evins Title: Field Foreman Phone: (970) 330-0614

Signed: Bret Evins Title: Field Foreman Date: 4/7/2010

Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_