

State of Colorado  
Oil and Gas Conservation Commission

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|                                      |    |    |    |
|--------------------------------------|----|----|----|
| DE                                   | ET | OE | ES |
| Document Number:<br><u>400155635</u> |    |    |    |

**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>01/05/2011</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>05-001-09131-</u>  | 5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift   |
| 6. Well Name: <u>DREYER 2</u>  | Number: _____  | <input type="checkbox"/> Pumping <input type="checkbox"/> Injection  |
| 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW,5,1S,65W,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 type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian |  | 13. Number of Casing Strings:<br><input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner? |

| 14. EXISTING PRESSURES        |                            |                                 |                                  |                            |                       |
|-------------------------------|----------------------------|---------------------------------|----------------------------------|----------------------------|-----------------------|
| Record all pressures as found | Tubing: _____<br>Fm: _____ | Tubing: <u>133</u><br>Fm: _____ | Prod Csg <u>147</u><br>Fm: _____ | 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      |             | 133           | 147                 |                  | O |
|  |                        | 05:00      |             | 135           | 147                 |                  | O |
|  |                        | 10:00      |             | 136           | 148                 |                  | O |
|  |                        | 15:00      |             | 136           | 148                 |                  | O |
|  |                        | 20:00      |             | 136           | 148                 |                  | O |
|  |                        | 25:00      |             | 137           | 148                 |                  | O |
|  | 30:00                  |            | 137         | 148           |                     | O                |   |
| BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid<br>Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br>Other:(describe) _____<br>Sample cylinder number: _____  |                        |            |             |               |                     |                  |   |
| Instantaneous Bradenhead PSIG at end of test: > <u>0</u>   |                        |            |             |               |                     |                  |   |

| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid<br>Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br>Other:(describe) _____<br>Sample cylinder number: _____  |                        |            |             |               |                     |                  |  |
| Instantaneous Intermediate Casing PSIG at end of test: >  |                        |            |             |               |                     |                  |  |

Comments: No pressure no build up

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

Test Performed By: Russel Kibel Title: \_\_\_\_\_ Phone: (970) 380-2591

Signed: Mike Weaver Title: Product Engineer  
Manager Date: 4/14/2011

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