

State of Colorado  
Oil and Gas Conservation Commission

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|                                      |    |    |    |
|--------------------------------------|----|----|----|
| DE                                   | ET | OE | ES |
| Document Number:<br><u>400080064</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>100322</u>   | 3. BLM Lease No: _____   | 11. Date of Test: <u>02/26/2010</u>  |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u>   |  | 12. Well Status: <input type="checkbox"/> Flowing<br><input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift<br><input type="checkbox"/> Pumping <input type="checkbox"/> Injection<br><input type="checkbox"/> Clock/Intermitter<br><input checked="" type="checkbox"/> Plunger Lift |
| 4. API Number; <u>05-123-13263-00</u>  | 5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 6. Well Name: <u>BEEBE DRAW R G</u>  | Number: <u>26-16</u>   |  |
| 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE,26,4N,65W,6</u>   |  |  |
| 8. County <u>WELD</u>  | 9. Field Name: <u>WATTENBERG</u>   |  |
| 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 checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?  |

| 14. EXISTING PRESSURES        |                                 |                            |                                  |                            |                      |
|-------------------------------|---------------------------------|----------------------------|----------------------------------|----------------------------|----------------------|
| Record all pressures as found | Tubing: <u>240</u><br>Fm: _____ | Tubing: _____<br>Fm: _____ | Prod Csg <u>260</u><br>Fm: _____ | Intermediate<br>Csg: _____ | Surf. Csg<br>_____ 0 |

| BRADENHEAD TEST  |                        |            |             |               |                     |                  |
|--|------------------------|------------|-------------|---------------|---------------------|------------------|
| Buried valve? <input checked="" type="checkbox"/> Yes <input 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      | 240         |               | 260                 |                  |
| BRADENHEAD SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid   |                        |            |             |               |                     |                  |
| 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid |            |             |               |                     |                  |
| 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:

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

Test Performed By: Gary Brousseau Title: lead pumper Phone: (970) 785-5000

Signed: Gary Brousseau Title: lead pumper Date: 4/29/2011

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