

FORM
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State of Colorado

Oil and Gas Conservation Commission

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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: 10079 3. BLM Lease No: _____
2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION
4. API Number; 05-045-19641-00 5. Multiple completion? ☐ Yes ☐ No
6. Well Name: Frei Number: A9
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): Lot 10,7,6S,91W,6
8. County GARFIELD 9. Field Name: KOKOPELLI
10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 01/28/2012

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: 361 Fm: WFILS	Tubing: _____ Fm: _____	Prod Csg 881 Fm: WFILS	Intermediate Csg: _____	Surf. Csg 132
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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
☐ Sulfur ☐ 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	WFILS 301	<input type="checkbox"/>	<input type="checkbox"/> 881		C
05:00	WFILS 361	<input type="checkbox"/>	<input type="checkbox"/> 881		C
10:00	WFILS 330	<input type="checkbox"/>	<input type="checkbox"/> 881		C
15:00	WFILS 366	<input type="checkbox"/>	<input type="checkbox"/> 883		C
20:00	WFILS 388	<input type="checkbox"/>	<input type="checkbox"/> 883		C
25:00	WFILS 395	<input type="checkbox"/>	<input type="checkbox"/> 883		C
30:00	WFILS 407	<input type="checkbox"/>	<input type="checkbox"/> 885		C

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
☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number:

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	<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"/>		
	<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:

Bradenhead flow complete letter designations are as follows: C & G (00:00), C & G (05:00), C, W & D (10:00), C, W & D (15:00), C, W & D (20:00), C, W & D (25:00), C, W & D (30:00).

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

Test Performed By: Andrew Terrazal Title: Pumper Phone: (720) 209-9019

Signed: Shauna Redican Title: Permit Representative Date: 2/1/2012

Witnessed By: _____ Title: _____ Agency: _____