



## 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: 10531 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: VANGUARD OPERATING LLC  
 4. API Number; 05-045-17905-00 5. Multiple completion? ☒ Yes ☐ No  
 6. Well Name: GGU DALEY Number: 11A-29-691  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE,30,6S,91W,6  
 8. County GARFIELD 9. Field Name: MAMM CREEK  
 10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 05/14/2017  
 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: <u>166</u> Fm: <u>WMFK</u>	Prod Csg <u>260</u> Fm: <u>RLNS</u>	Intermediate Csg: _____	Surf. Csg <u>152</u>
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### BRADENHEAD TEST

Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	00:00	<input type="checkbox"/>	WMFK 166	<input type="checkbox"/> 260		G
	05:00	<input type="checkbox"/>	WMFK 168	<input type="checkbox"/> 260		O
	10:00	<input type="checkbox"/>	WMFK 169	<input type="checkbox"/> 260		O
	15:00	<input type="checkbox"/>	WMFK 170	<input type="checkbox"/> 260		O
	20:00	<input type="checkbox"/>	WMFK 172	<input type="checkbox"/> 260		O
	25:00	<input type="checkbox"/>	WMFK 174	<input type="checkbox"/> 260		O
30:00	<input type="checkbox"/>	WMFK 175	<input type="checkbox"/> 260		O	
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

BRADENHEAD SAMPLE TAKEN? ☐ Yes ☒ No ☐ Gas ☐ Liquid  
 Character of Bradenhead fluid: ☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black  
 Other:(describe) \_\_\_\_\_  
 Sample cylinder number: \_\_\_\_\_

### INTERMEDIATE CASING TEST

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> 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	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"/>		
INTERMEDIATE SAMPLE TAKEN? <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 <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> 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: Dustin Miller Title: Production Foreman Phone: (970) 230-1154

Signed: Scott Ghan Title: Senior EHS Specialist Date: 5/15/2017

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