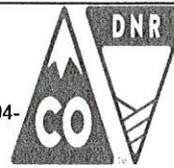


State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
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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: 96850 3. BLM Lease No: _____
 2. Name of Operator: TEP ROCKY MOUNTAIN LLC
 4. API Number; 05-045-20912-00 5. Multiple completion? Yes No
 6. Well Name: Federal Number: GM 743-4
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE,4,7S,96W,6
 8. County GARFIELD 9. Field Name: GRAND VALLEY
 10. Minerals: Fee State Federal Indian

11. Date of Test: 10-4-17
 12. Well Status: Flowing
 Shut In Gas Lift
 Pumping Injection
 Clock/Intermittent
 Plunger Lift
 13. Number of Casing Strings: Two Three Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: <u>4</u>	Tubing: _____	Prod Csg <u>0</u>	Intermediate _____	Surf. Csg <u>450</u>
	Fm: _____	Fm: _____	Fm: _____	Csg: _____	

BRADENHEAD TEST

Buried valve? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
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		<u>0</u>	<input type="checkbox"/> <u>4</u>	<input type="checkbox"/>	<input type="checkbox"/> <u>0</u>		<u>C/G</u>
BRADENHEAD SAMPLE TAKEN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/>		<u>5</u>	<input type="checkbox"/> <u>3</u>	<input type="checkbox"/>	<input type="checkbox"/> <u>0</u>		<u>C/G</u>
Character of Bradenhead fluid: Clear <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Fresh <input type="checkbox"/>		<u>10</u>	<input type="checkbox"/> <u>3</u>	<input type="checkbox"/>	<input type="checkbox"/> <u>0</u>		<u>C/G</u>
Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/>		<u>13</u>	<input type="checkbox"/> <u>3</u>	<input type="checkbox"/>	<input type="checkbox"/> <u>0</u>		<u>C/G</u>
Other:(describe)							
Sample cylinder number:		Instantaneous Bradenhead PSIG at end of test: > <u>140 psi</u>					

INTERMEDIATE CASING TEST

Buried valve? Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmed open? Yes <input type="checkbox"/> No <input type="checkbox"/>	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
INTERMEDIATE SAMPLE TAKEN? Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Character of Intermediate fluid: Clear <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Fresh <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other:(describe)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sample cylinder number:		Instantaneous Intermediate Casing PSIG at end of test: >					

Comments: Shut in psi take 45 minutes after shut in

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

Test Performed By: Bryan Heiney Title: WO Consultant Phone: ()

Signed: _____ Title: _____ Date: _____

Witnessed By: Michael Longworth Title: Inspector Agency: COGCC