

FORM
17Rev
6/99

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 casing. 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: 10672 3. BLM Lease No: _____
2. Name of Operator: TIMBER CREEK OPERATING LLC
4. API Number; 05-071-08253-00 5. Multiple completion? ☐ Yes ☒ No
6. Well Name: HILL RANCH Number: 36-13
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW,36,34S,68W,6
8. County LAS ANIMAS 9. Field Name: PURGATOIRE RIVER
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 12/22/2017

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: 3 Fm: VRMJ	Tubing: _____ Fm: _____	Prod Csg 2 Fm: VRMJ	Intermediate Csg: _____	Surf. Csg 0
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BRADENHEAD TEST

Buried valve? ☐ Yes ☒ NoConfirmed 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 ☐ LiquidCharacter of Bradenhead fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe) N/A

Sample cylinder number: N/A

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/> 2		O
05:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/> 2		O
10:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/> 2		O
15:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/> 2		O
20:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/> 2		O
25:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/> 2		O
30:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/> 2		O

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ NoConfirmed 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 ☐ LiquidCharacter of Intermediate fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: _____

Instantaneous Intermediate Casing PSIG at end of test: >

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"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Comments: On 12/8/2017, XTO Energy spoke with Diana Burn at COGCC. TCE was told to wait to submit Form 17 until after the Change of Ownership was approved.

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

Test Performed By: JESS CANNON Title: SCADA SUPERVISOR Phone: (719) 859-2253

Signed: KIM THOMASON Title: REGULATORY TECH Date: 3/8/2018

Witnessed By: _____ Title: _____ Agency: _____