

FORM
17Rev
6/99

State of Colorado

Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

401849778

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: 26580 3. BLM Lease No: _____
 2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP
 4. API Number: 05-001-10150-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: Bear 3-65 22-23 Number: 3CH
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW,22,3S,65W,6
 8. County ADAMS 9. Field Name: WILDCAT
 10. Minerals: ☐ Fee ☒ State ☐ Federal ☐ Indian

11. Date of Test: 11-28-18

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: 525 Fm: _____
 Prod Csg _____ Fm: _____
 Intermediate _____ Csg: _____
 Surf. Csg _____

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 ☐ Liquid
Character of Bradenhead fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: NA

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	525	<input type="checkbox"/>		O
05:00	<input type="checkbox"/>	525	<input type="checkbox"/>		O
10:00	<input type="checkbox"/>	525	<input type="checkbox"/>		O
15:00	<input type="checkbox"/>	525	<input type="checkbox"/>		O
20:00	<input type="checkbox"/>	525	<input type="checkbox"/>		O
25:00	<input type="checkbox"/>	525	<input type="checkbox"/>		O
30:00	<input type="checkbox"/>	525	<input type="checkbox"/>		O

Instantaneous Bradenhead PSIG at end of test: > _____

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 ☐ 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:
00:00	<input type="checkbox"/>		<input type="checkbox"/>		
05:00	<input type="checkbox"/>		<input type="checkbox"/>		
10:00	<input type="checkbox"/>		<input type="checkbox"/>		
15:00	<input type="checkbox"/>		<input type="checkbox"/>		
20:00	<input type="checkbox"/>		<input type="checkbox"/>		
25:00	<input type="checkbox"/>		<input type="checkbox"/>		
30:00	<input type="checkbox"/>		<input type="checkbox"/>		

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: RUSTY DODSON

Title: _____

Phone: (435) 630-3236

Signed: JOAN SWETLICK

Title: REGULATORY

Date: 11-28-18

Witnessed By: *Randy Silver*
~~SUSAN SHERMAN~~

Title: FIELD INSPECTOR

Agency: COGCC

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401849798

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: 26580 3. BLM Lease No: _____
 2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP
 4. API Number: 05-001-10005-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: BEAR 3-65 22-23 Number: 3DH
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW,22,3S,65W,6
 8. County ADAMS 9. Field Name: WILDCAT
 10. Minerals: ☐ Fee ☒ State ☐ Federal ☐ Indian

11. Date of Test: 11-28-18

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: _____ Fm: _____
 Tubing: 350 Fm: _____
 Prod Csg _____ Fm: _____
 Intermediate _____ Csg: _____
 Surf. Csg _____

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 ☐ Liquid
Character of Bradenhead fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: NA

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	350	<input type="checkbox"/>		O
05:00	<input type="checkbox"/>	350	<input type="checkbox"/>		O
10:00	<input type="checkbox"/>	350	<input type="checkbox"/>		O
15:00	<input type="checkbox"/>	350	<input type="checkbox"/>		O
20:00	<input type="checkbox"/>	350	<input type="checkbox"/>		O
25:00	<input type="checkbox"/>	350	<input type="checkbox"/>		O
30:00	<input type="checkbox"/>	350	<input type="checkbox"/>		O

Instantaneous Bradenhead PSIG at end of test: > _____

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 ☐ 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:
00:00	<input type="checkbox"/>		<input type="checkbox"/>		
05:00	<input type="checkbox"/>		<input type="checkbox"/>		
10:00	<input type="checkbox"/>		<input type="checkbox"/>		
15:00	<input type="checkbox"/>		<input type="checkbox"/>		
20:00	<input type="checkbox"/>		<input type="checkbox"/>		
25:00	<input type="checkbox"/>		<input type="checkbox"/>		
30:00	<input type="checkbox"/>		<input type="checkbox"/>		

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: RUSTY DODSON

Title: _____

Phone: (435) 630-3236

Signed: JOAN SWETLICK

Title: REGULATORY

Date: 11-28-18

Witnessed By: *Randy Silver*

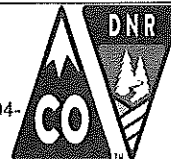
SUSAN SHERMAN

Title: FIELD INSPECTOR

Agency: COGCC

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401849731

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: 26580 3. BLM Lease No: _____
 2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP
 4. API Number: 05-001-10004-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: Bear 3-65 22-23 Number: 3AH
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW,22,3S,65W,6
 8. County ADAMS 9. Field Name: WILDCAT
 10. Minerals: ☐ Fee ☒ State ☐ Federal ☐ Indian

11. Date of Test: 11-28-18

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: 450 Fm: _____
 Prod Csg 0 Fm: _____
 Intermediate Csg: _____
 Surf. Csg 0

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)

Sample cylinder number: NA

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	450	<input type="checkbox"/>		0
05:00	<input type="checkbox"/>	450	<input type="checkbox"/>		0
10:00	<input type="checkbox"/>	450	<input type="checkbox"/>		0
15:00	<input type="checkbox"/>	450	<input type="checkbox"/>		0
20:00	<input type="checkbox"/>	450	<input type="checkbox"/>		0
25:00	<input type="checkbox"/>	450	<input type="checkbox"/>		0
30:00	<input type="checkbox"/>	450	<input type="checkbox"/>		0

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: _____

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

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: RUSTY DODSON

Title: Onsite Sup

Phone: (435) 630-3236

Signed: JOAN SWETLICK

Title: REGULATORY

Date: 11-28-18

Witnessed By: Randy Silver

Title: FIELD INSPECTOR

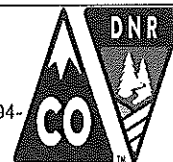
Agency: COGCC

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401849770

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: 26580 3. BLM Lease No: _____
 2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP
 4. API Number: 05-001-10151-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: Bear 3-65 22-23 Number: 3BH
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW,22,3S,65W,6
 8. County ADAMS 9. Field Name: WILDCAT
 10. Minerals: ☐ Fee ☒ State ☐ Federal ☐ Indian

11. Date of Test: 11-28-18

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: _____ Fm: _____
 Tubing: 380 Fm: _____
 Prod Csg _____ Fm: _____
 Intermediate _____ Csg: _____
 Surf. Csg _____

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)

Sample cylinder number: NA

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	380	<input type="checkbox"/>		0
05:00	<input type="checkbox"/>	380	<input type="checkbox"/>		0
10:00	<input type="checkbox"/>	380	<input type="checkbox"/>		0
15:00	<input type="checkbox"/>	380	<input type="checkbox"/>		0
20:00	<input type="checkbox"/>	380	<input type="checkbox"/>		0
25:00	<input type="checkbox"/>	380	<input type="checkbox"/>		0
30:00	<input type="checkbox"/>	380	<input type="checkbox"/>		0

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: _____

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

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: RUSTY DODSON

Title: Onsite Rep

Phone: (435) 630-3236

Signed: JOAN SWETLICK

Title: REGULATORY

Date: 11-28-18

Witnessed By: Randy Silver

Title: FIELD INSPECTOR

Agency: COGCC