



## 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: 10071 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: HIGHPOINT OPERATING CORPORATION  
 4. API Number; 05-123-47399-00 5. Multiple completion? ☐ Yes ☐ No  
 6. Well Name: Lion Creek Number: 23-0362B  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW,23,11N,64W,6  
 8. County WELD 9. Field Name: HEREFORD  
 10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 12/16/2018  
 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>250</u> Fm: _____	Prod Csg <u>989</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>0</u>
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### BRADENHEAD TEST

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
01:20	<input type="checkbox"/>	<input type="checkbox"/> 250	<input type="checkbox"/> 989		G
05:00	<input type="checkbox"/>	<input type="checkbox"/> 255	<input type="checkbox"/> 988		O
10:00	<input type="checkbox"/>	<input type="checkbox"/> 247	<input type="checkbox"/> 988		O
15:00	<input type="checkbox"/>	<input type="checkbox"/> 237	<input type="checkbox"/> 991		G
20:00	<input type="checkbox"/>	<input type="checkbox"/> 234	<input type="checkbox"/> 993		G
25:00	<input type="checkbox"/>	<input type="checkbox"/> 233	<input type="checkbox"/> 994		O
30:00	<input type="checkbox"/>	<input type="checkbox"/> 241	<input type="checkbox"/> 994		G

Instantaneous Bradenhead PSIG at end of test: > 0

### INTERMEDIATE CASING TEST

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: Bradenhead test was performed to satisfy the requirements within 30 days of Production.

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

Test Performed By: Mike Schwindt Title: Lease Op II Phone: (970) 397-1671

Signed: Delores Montoya Title: Sr. Regulatory Analyst Date: 12/20/2018

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