

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 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: 10412 3. BLM Lease No: _____
 2. Name of Operator: AUSCO PETROLEUM INC
 4. API Number; 05-043-06231-00 5. Multiple completion? Yes No
 6. Well Name: JW Powell Number: 23-35
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW,35,19S,70W,6
 8. County FREMONT 9. Field Name: WILDCAT
 10. Minerals: Fee State Federal Indian

11. Date of Test: 02/09/2019
 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: _____ Fm: _____ | Prod Csg _____ 0 Fm: _____ | Intermediate _____ Csg: _____ 0 | Surf. Csg _____ _____ 0 |
|-------------------------------|----------------------------|----------------------------|-------------------------------|------------------------------------|----------------------------|

BRADENHEAD TEST

Buried valve? Yes No
 Confirmed 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) No discharge
 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"/> 0 | 0 | O |
| 05:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 10:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 15:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 20:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 25:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 30:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? Yes No
 Confirmed 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) no discharge
 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"/> 0 | 0 | O |
| 05:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 10:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 15:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 20:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 25:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |
| 30:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 | 0 | O |

Instantaneous Intermediate Casing PSIG at end of test: > 0

Comments: Operator conducted bradenhead test on February 9, 2019, prior to stimulation on JW POWELL 23-35 and is submitting Form 17 within 10 days of test.

-Operator has followed directives per COA on Form 2, Document #401731747 (Bradenhead tests shall be performed and reported according to the following schedule and Form 17 submitted within 10 days of each test. 1) All: Within 60 days of rig release, prior to stimulation. 2) Delayed completion: 6 months after rig release, prior to stimulation. 3) All: Within 90 days after first sales, as reported on the Form 5A, Completed Interval Report.)

Operator was unable to fill formation information and could not access formation dropdown codes in Section I of the efile form. The formation is Niobrara and the formation code is NBRR. Discussion with COGCC indicated the Completed Interval Report, Form 5A, was required to be submitted in order for the formation dropdown menu to be available; however, Rule 308B allows the Form 5A to be submitted within 30 days after a formation is completed and well is still within 30 days of that deadline.

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

Test Performed By: Liz Harkins Title: Engineer Phone: (719) 429-4513

Signed: Tim Hart Title: President & CEO Date: 2/19/2019

Witnessed By: _____ Title: _____ Agency: _____