



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: 10663 3. BLM Lease No: 142015132
2. Name of Operator: ENDURING RESOURCES LLC
4. API Number; 05-067-08219-00 5. Multiple completion? ☐ Yes ☒ No
6. Well Name: SOUTHERN UTE Number: 26
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE,33,33N,9W,N
8. County LA PLATA 9. Field Name: IGNACIO BLANCO
10. Minerals: ☐ Fee ☐ State ☐ Federal ☒ Indian

11. Date of Test: 04/17/2019
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: <u>25</u> Fm: <u>FRLDC</u>	Tubing: <u>0</u> Fm: <u></u>	Prod Csg <u>8</u> Fm: <u></u>	Intermediate Csg: <u>0</u>	Surf. Csg <u>0</u>
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BRADENHEAD TEST

Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	00:00	FRLDC 25	<input type="checkbox"/> 0	<input type="checkbox"/> 8	0	O
	05:00	FRLDC 19	<input type="checkbox"/> 0	<input type="checkbox"/> 9	0	O
	10:00	FRLDC 56	<input type="checkbox"/> 0	<input type="checkbox"/> 9	0	O
	15:00	FRLDC 30	<input type="checkbox"/> 0	<input type="checkbox"/> 9	0	O
	20:00	FRLDC 26	<input type="checkbox"/> 0	<input type="checkbox"/> 8	0	O
	25:00	FRLDC 25	<input type="checkbox"/> 0	<input type="checkbox"/> 8	0	O
30:00	FRLDC 20	<input type="checkbox"/> 5	<input type="checkbox"/> 9	0	O	
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

BRADENHEAD SAMPLE TAKEN? ☐ Yes ☒ No ☐ Gas ☐ Liquid
 Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
 Other:(describe) _____
 Sample cylinder number: _____

INTERMEDIATE CASING TEST

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> 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	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: > _____						

INTERMEDIATE SAMPLE TAKEN? ☐ Yes ☐ No ☐ Gas ☐ Liquid
 Character of Intermediate fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
 Other:(describe) _____
 Sample cylinder number: _____

Comments:

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

Test Performed By: JOHN DOCKTER Title: HSE TECH Phone: (505) 801-6011

Signed: APRIL E POHL Title: REGULATORY
SPECIALIST Date: 4/24/2019

Witnessed By: Title: Agency: