

State of Colorado  
Oil and Gas Conservation Commission

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



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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: 10110 3. BLM Lease No: \_\_\_\_\_  
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC  
4. API Number; 05-001-10467-00 5. Multiple completion? ☐ Yes ☐ No  
6. Well Name: Rio LC Number: 12-366HNX  
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW,6,1S,67W,6  
8. County ADAMS 9. Field Name: WATTENBERG  
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 09/15/2019  
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: _____ Csg: _____	Intermediate _____ Csg: _____	Surf. Csg _____ 0
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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

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		O
05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
30:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O

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

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

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"/>		

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

Instantaneous Intermediate Casing PSIG at end of test: >

Comments: Test prior to toe prep/frac

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

Test Performed By: Dave Pozas Title: Consultant Phone: ( )

Signed: Max Trehus Title: Field Prod. Eng. Tech Date: 9/19/2019

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