

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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|--------------------------------------|----|----|----|
| DE | ET | OE | ES |
| Document Number: <u>402226247</u> | | | |

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: 10261 3. BLM Lease No: _____
 2. Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC
 4. API Number; 05-123-47270-00 5. Multiple completion? Yes No
 6. Well Name: KTC Farms Number: BA-35-36HN
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW,35,7N,66W,6
 8. County WELD 9. Field Name: WATTENBERG
 10. Minerals: Fee State Federal Indian

11. Date of Test: 10/28/2019
 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: <u>951</u> Fm: <u>N-COM</u> | Prod Csg <u>53</u> Fm: <u>N-COM</u> | Intermediate Csg: _____ | Surf. Csg <u>0</u> |
|-------------------------------|----------------------------|--|--|----------------------------|-----------------------|

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) _____
 Sample cylinder number: _____

| Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: |
|------------------------|--------------------------|-------------|-----------------------------|---------------------|------------------|
| 00:00 | <input type="checkbox"/> | N-COM 951 | <input type="checkbox"/> 53 | | O |
| 05:00 | <input type="checkbox"/> | N-COM 958 | <input type="checkbox"/> 53 | | O |
| 10:00 | <input type="checkbox"/> | N-COM 957 | <input type="checkbox"/> 53 | | O |
| 15:00 | <input type="checkbox"/> | N-COM 949 | <input type="checkbox"/> 53 | | O |
| 20:00 | <input type="checkbox"/> | N-COM 959 | <input type="checkbox"/> 53 | | O |
| 25:00 | <input type="checkbox"/> | N-COM 979 | <input type="checkbox"/> 53 | | O |
| 30:00 | <input type="checkbox"/> | N-COM 952 | <input type="checkbox"/> 53 | | 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) _____
 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: Jim Bowman Title: Facility Operator Phone: (720) 665-7832

Signed: Kevin Kane Title: Operations Manager Date: 10/30/2019

Witnessed By: _____ Title: _____ Agency: _____