



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: 10017 3. BLM Lease No: _____
2. Name of Operator: CHACO ENERGY COMPANY
4. API Number: 05-123-15182-00 5. Multiple completion? ☐ Yes ☒ No
6. Well Name: WELD COUNTY-KINDT Number: 1
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW,11,7N,57W,6
8. County WELD 9. Field Name: VOLTEN
10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 12/03/2019
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: 17 Fm: JSND	Tubing: _____ Fm: _____	Prod Csg 19 Fm: JSND	Intermediate Csg: _____	Surf. Csg 0
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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	JSND 17	<input type="checkbox"/>	<input type="checkbox"/> 19		O
	05:00	JSND 17	<input type="checkbox"/>	<input type="checkbox"/> 19		O
	10:00	JSND 17	<input type="checkbox"/>	<input type="checkbox"/> 19		O
	15:00	JSND 17	<input type="checkbox"/>	<input type="checkbox"/> 19		O
	20:00	JSND 17	<input type="checkbox"/>	<input type="checkbox"/> 19		O
	25:00	JSND 17	<input type="checkbox"/>	<input type="checkbox"/> 19		O
30:00	JSND 17	<input type="checkbox"/>	<input type="checkbox"/> 19		O	
Instantaneous Bradenhead PSIG at end of test: > 0						

BRADENHEAD SAMPLE TAKEN?
☐ Yes ☒ No ☐ Gas ☐ Liquid
Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
Other:(describe) None
Sample cylinder number: NA

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: Two string well - no intermediate casing test.

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

Test Performed By: Mark Brown Title: Lease Operator Phone: (970) 520-2651

Signed: Matt Nelson Title: Sr. Operations Engineer Date: 12/4/2019

Witnessed By: _____ Title: _____ Agency: _____