

State of Colorado  
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

## 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 30 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: <u>10312</u>   | 11. Date of Test: <u>5/6/2020</u>  |
| 2. Name of Operator: <u>Prospect Energy</u>   | 12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In  |
| 3. BLM Lease No: _____  | <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection                                |
| 4. API Number: <u>01-069-0630A</u>  | <input type="checkbox"/> Clock/Intermittent  |
| 5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Plunger Lift  |
| 6. Well Name: <u>M354</u>   | 13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner? |
| 7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>30 NE SEC 19 T8N-R68W</u>  |  |
| 8. County: <u>Larimer</u>   |  |
| 9. Field Name: <u>Ft Collins</u>  |  |
| 10. Minerals: <input type="checkbox"/> Fee <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian |  |
| 14. STEP 1: EXISTING PRESSURES  |  |
| Record all pressures as found   | 15. STEP 2: See instructions above.  |
| Tubing: <u>30</u>   |  |
| Fm: <u>Mddy</u>   |  |
| Tubing: _____   |  |
| Fm: _____   |  |
| Prod. Casing: <u>6</u>  |  |
| Fm: <u>Mddy</u>   |  |
| Intermediate Cag: _____   |  |
| Surface Casing: <u>5</u>  |  |

|  |   |  |                 |           |                          |
|--|---|--|-----------------|-----------|--------------------------|
| 16. STEP 3: BRADENHEAD TEST  |   |  |                 |           |                          |
| Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Elapsed Time (Min:Sec)   | Fm: <u>Mddy</u> | Fm: _____ | Production Casing PSIG   |
|  |   |  | Tubing          | Tubing    | Intermediate Casing PSIG |
|  |   |  |                 |           | Bradenhead Flow          |
| 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: |   | 00:  | <u>30</u>       | <u>6</u>  | <u>D</u>                 |
| O = No Flow; C = Continuous; D = Down to 0; V = Vapor  |   | 05:  | <u>30</u>       | <u>6</u>  | <u>O</u>                 |
| H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas  |   | 10:  | <u>30</u>       | <u>6</u>  | <u>O</u>                 |
| BRADENHEAD SAMPLE TAKEN?   |   | 15:  | <u>30</u>       | <u>6</u>  | <u>O</u>                 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid   |   | 20:  | <u>30</u>       | <u>6</u>  | <u>O</u>                 |
| Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh   |   | 25:  | <u>30</u>       | <u>6</u>  | <u>O</u>                 |
| <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black  |   | 30:  | <u>30</u>       | <u>6</u>  | <u>O</u>                 |
| <input type="checkbox"/> Other: (describe) _____   |   | Note instantaneous Bradenhead PSIG at end of test: <u>&gt; O</u> |                 |           |                          |
| Sample cylinder number: _____  |   |  |                 |           |                          |

|  |  |   |           |           |                          |
|--|--|---|-----------|-----------|--------------------------|
| 17. STEP 4: INTERMEDIATE CASING TEST   |  |   |           |           |                          |
| Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No | Elapsed Time (Min:Sec)  | Fm: _____ | Fm: _____ | Production Casing PSIG   |
|  |  |   | Tubing    | Tubing    | Intermediate Casing PSIG |
|  |  |   |           |           | Intermediate Flow        |
| With gauges monitoring production 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: |  | 00:   |           |           |                          |
| O = No Flow; C = Continuous; D = Down to 0; V = Vapor  |  | 05:   |           |           |                          |
| H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas  |  | 10:   |           |           |                          |
| INTERMEDIATE SAMPLE TAKEN?   |  | 15:   |           |           |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid  |  | 20:   |           |           |                          |
| Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh   |  | 25:   |           |           |                          |
| <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black  |  | 30:   |           |           |                          |
| <input type="checkbox"/> Other: (describe) _____   |  | Note instantaneous Intermediate Casing PSIG at end of test: <u>&gt;</u> |           |           |                          |
| Sample cylinder number: _____  |  |   |           |           |                          |

|                     |
|---------------------|
| 18. Comments: _____ |
| _____               |
| _____               |

## 19. STEP 5: See instructions above.

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

Test Performed by: Mike Starb Title: Lease Operator Phone: 307-299-0095

Signed: Michael N. Starb Title: \_\_\_\_\_ Date: 5/6/2020

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_