

- Step 1. Record all lining and culling procedures as found.
- Step 2. Sample gas, if intermediate or surface swamp pressure >25 psi. in cove area, 1 psi.
- Step 3. Conduct Brodenthorn test.
- Step 4. Conduct intermediate culling test.
- Step 5. Send report to BLH within 30 days and to OCEC 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 available.

1. OGGC Operator Number: <u>10312</u> 2. Name of Operator: <u>Prospect Energy LLC</u> 3. OLM Lease No: 4. API Number: <u>05-069-06258</u> 5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6. Well Name: <u>MSU</u> Number: <u>30-13</u> 7. Location (Quick, Sec, Twp, Rng, Meridian): <u>NENW Sec 30 18N-R68W</u> 8. County: <u>Larimer</u> 9. Field Name: <u>Et Collins</u> 10. Minerals: <input type="checkbox"/> Fee <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian					11. Date of Test: <u>10/9/2020</u> 12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Check/Wintermilder <input type="checkbox"/> Plunger Lift	
14. STEP 1: EXISTING PRESSURES					13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four?	
Record all pressures as found Tubing: <u>50</u> Fm: <u>Middex</u>	Tubing: Fm:	Prod. Casing: <u>6</u> Fm: <u>Middex</u>	Intermediate Csg: Casing:	Surface Casing: <u>0</u>	15. STEP 2: See instructions above.	

16. **STEP 4: 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 O; V = Vapor
 H = Water H₂O; M = Mud; W = Whimper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?

☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Frothy
☐ Sulfur ☐ Silty ☐ Black
☐ Other: (describe) _____

Sample cylinder number: _____

Elapsed Time (Min-Sec)	Fm: <u>Body</u> Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
00:					
05:	50		6		O
10:	50		6		O
15:	50		6		O
20:	50		6		O
25:	50		6		O
30:	50		6		O
Note instantaneous Bradenhead PSIG at end of test:					> 0

STEP 4: INTERMEDIATE CASING TEST		Elapsed Time (Min:Sec)	FM: Tubing	FM: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
Surged valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	00:					
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:		05:					
Q = No Flow; C = Continuous; D = Down to 0; V = Vapor		10:					
M = Water M20; N = Mud; W = Whimper; S = Surge; G = Gas		15:					
INTERMEDIATE SAMPLE TAKEN?		20:					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		25:					
Character of intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Frothy		30:					
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black							
<input type="checkbox"/> Other: (describe)							
Sample cylinder number:		Note instantaneous intermediate casing PSIG at end of test: >					

18. Comments:

19. **STEP 6:** 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 Snab Title: Lease Operator Phone: 307-299-0095

Signed: M. J. [Signature] Title: _____ Date: 10/9/2020

WITNESSED BY: _____ Title: _____ Agency: _____