



State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 001, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2100



FOR OGC USE ONLY

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.
Step 2. Sample raw, intermediate or surface casing pressure >25 psi. In consecutive order, 1 psi.
Step 3. Conduct Bradenhead test.
Step 4. Conduct intermediate casing test.
Step 5. Send report to BLM within 30 days and to OGC 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. OGC Operator Number: <u>10312</u>	11. Date of Test: <u>12/16/20</u>
2. Name of Operator: <u>Prospect Energy LLC</u>	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
3. BLM Lease No: _____	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
4. API Number: <u>05-069-60033</u>	<input type="checkbox"/> Check/Intermittent
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: <u>Mayer</u>	13. Number of Casing Strings: <u>2</u>
7. Location (Quadr., Sec., Twp., Rng., Meridian): <u>NW 1/4 Sec 19 T8N R6E W</u>	<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> More
8. County: <u>Larimer</u>	14. STEP 1: EXISTING PRESSURES
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	
15. Record all pressures as found	
Tubing: <u>35</u>	Intermediate Casing: <u>6</u>
Fm: <u>Muddy</u>	Surface Casing: <u>0</u>

16. STEP 2: BRADENHEAD TEST					
Surged valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: <u>35</u>	Production Casing PSIG	Intermediate Casing PSIG
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>35</u>	<u>6</u>	<u>0</u>
D = No Flow; C = Continuous; D = Down to 0; V = Vapor; H = Water/H2O; M = Mud; W = Whimper; S = Surge; G = Gas		05:	<u>35</u>	<u>6</u>	<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		10:	<u>35</u>	<u>6</u>	<u>0</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Frothy		15:	<u>35</u>	<u>6</u>	<u>0</u>
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		20:	<u>35</u>	<u>6</u>	<u>0</u>
<input type="checkbox"/> Other: (describe) _____		25:	<u>35</u>	<u>6</u>	<u>0</u>
Sample cylinder number: _____		30:	<u>35</u>	<u>6</u>	<u>0</u>
Note instantaneous Bradenhead PSIG at end of test: >					

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

18. Comments: _____

10. 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 Stach Title: Lease Operator Phone: 307-299-0085

Signed: Michael K. Stach Title: _____ Date: 12/16/2020

WITNESSED BY: _____ Title: _____ Agency: _____