

BRADENHEAD TEST REPORT

Step 1. Before opening any valves, record all tubing and casing pressures as found.
Step 2. Collect liquid and gas samples as required; consult *Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at* <http://cogcc/reg.html#opguidance>
Step 3. Conduct Bradenhead test.
Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.
Step 5. Submit sample analytical results via Form 43.

1. OGCC Operator Number: <u>45898</u>	3. BLM Lease No: _____	11. Date of Test: <u>4-13-2022</u>
2. Name of Operator: <u>Kaiser-Francis Oil Company</u>		12. Well Status: <input checked="" type="checkbox"/> Flowing
4. API Number: <u>05-081-05366</u>	5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift
6. Well Name: <u>Gooch</u>	Number: <u>2-23</u>	<input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW, SEC 32, T8N, R90W, 6</u>		<input type="checkbox"/> Clock/Intermitter
8. County: <u>Moffat</u>	9. Field Name: _____	<input type="checkbox"/> Plunger Lift
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		
14. EXISTING PRESSURES		
Record all pressures as found	Tubing: <u>3</u>	Tubing: _____
Fm: _____	Fm: _____	Prod Csg <u>3</u>
		Fm: _____
		Intermediate Csg: <u>N/A</u>
		Surf. Csg <u>0</u>
13. Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?		

BRADENHEAD TEST

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.
Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper
Describe fluid type in "Bradenhead Fluid" column: H = Water H₂O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

Buried valve? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
BRADENHEAD SAMPLE TAKEN? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____	0	3		3	0	0	
	5	3		3	0	0	
	10	3		3	0	0	
	15	3		3	0	0	
	20	3		3	0	0	
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>							

INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.

Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Intermediate Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

Buried valve? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Confirmed open? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	0	0	
INTERMEDIATE SAMPLE TAKEN? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid	10	<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	0	0	
	15	<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	0	0	
	20	<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	0	0	
Character of Intermediate fluid: <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Fresh <input checked="" type="checkbox"/> Sulfur <input checked="" type="checkbox"/> Salty <input checked="" type="checkbox"/> Black Other:(describe) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Instantaneous Intermediate Casing PSIG at end of test: > 0							

Comments:

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

Test Performed By: Lane Jeffcoat Title: Operator Phone: () 970-629-1713
 Signed: [Signature] Title: Operator Date: 4-13-2022
 Witnessed By: _____ Title: _____ Agency: _____