

| | | | | | | | |
|--|------------------------|------------|-------------|---------------|---------------------|------------------|-------------------|
| Buried valve? <input 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: |
| Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 0 | 7 | 7 | 7 | 0 | 0 | |
| BRADENHEAD SAMPLE TAKEN? | 5 | 7 | 7 | 7 | 0 | 0 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid | 10 | 7 | 7 | 7 | 0 | 0 | |
| Character of Bradenhead fluid: | 15 | 7 | 7 | 7 | 0 | 0 | |
| <input type="checkbox"/> Clear <input type="checkbox"/> Fresh | 20 | 7 | 7 | 7 | 0 | 0 | |
| <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black | | 7 | 7 | 7 | | | |
| Other:(describe) | | 7 | 7 | 7 | | | |
| | | 7 | 7 | 7 | | | |
| Instantaneous Bradenhead PSIG at end of test: > 0 | | | | | | | |

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 | 0 | 7 | | 7 | 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 | 5 | 7 | | 7 | 0 | 0 | |
| | 10 | 7 | | 7 | 0 | 0 | |
| | 15 | 7 | | 7 | 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) _____ | 20 | 7 | | 7 | 0 | 0 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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: _____