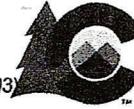


State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

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: _____ 3. BLM Lease No: C-03841
 2. Name of Operator: LOCIN OIL
 4. API Number: 05-045-06166 5. Multiple completion? Yes No
 6. Well Name: FEDERAL Number: 29-5
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW NW29... T2S R104W
 8. County: GARFIELD 9. Field Name: SOUTH CANYON
 10. Minerals: Fee State Federal Indian

11. Date of Test: 5/24/23
 12. Well Status: Flowing
 Shut In Gas Lift
 Pumping Injection
 Clock/Intermittent
 Plunger Lift

13. Number of Casing Strings:
 Two Three Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: <u>80</u> Fm: _____	Tubing: _____ Fm: _____	Prod Csg <u>115</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>70</u>
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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
		0	U 80	L	115		D	N
		5	" 80	"	115		O	N
		10	U 80	L	115		O	N
		15	" 80	"	115		O	N
		20	U 80	L	115		O	N
		25	" 80	"	115		O	N
		30	U 80	L	115		O	N
Instantaneous Bradenhead PSIG at end of test: >								<u>0</u>

BRADENHEAD SAMPLE TAKEN?
 Yes No Gas Liquid

Character of Bradenhead fluid:
 Clear Fresh
 Sulfur Salty Black
 Other:(describe) _____

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

Comments:

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

Test Performed By: Mike BARNES Title: _____ Phone: 0970-986-7517

Signed: Mike Barnes Title: _____ Date: _____

Witnessed By: _____ Title: _____ Agency: _____