



# State of Colorado Oil and Gas Conservation Commission

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FOR DGCC USE ONLY

## 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: 10779		11. Date of Test: 10/20/2025	
2. Name of Operator: SCOUT ENERGY PARTNERS		3. BLM Lease No: D-032675	
4. API Number: 05-103-10584		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Well Name: A.C. McLaughlin		Number: 86Y	
7. Location (AtrQtr, Sec, Twp, Rng, Meridian): NESE 14, T2N, R103W, 6TH PM		12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermitter <input type="checkbox"/> Plunger Lift	
8. County: RIO BLANCO		9. Field Name: RANGELY WEBER SAND UNIT	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
14. <b>STEP 1: EXISTING PRESSURES</b>			
Record all pressures as found	Tubing: 165 Fm: Weber	Tubing: Fm:	Prod. Casing: 77 Fm: Weber Intermediate Csg: Surface Casing: 80
15. <b>STEP 2: See instructions above.</b>			

### 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	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	00:	<input type="checkbox"/> 165	<input type="checkbox"/>	<input type="checkbox"/> 77		C	G
BRADENHEAD SAMPLE TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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)	05:	<input type="checkbox"/> 165	<input type="checkbox"/>	<input type="checkbox"/> 77		W	G
	10:	<input type="checkbox"/> 165	<input type="checkbox"/>	<input type="checkbox"/> 77		D	N
	15:	<input type="checkbox"/> 165	<input type="checkbox"/>	<input type="checkbox"/> 77		O	N
	20:	<input type="checkbox"/> 165	<input type="checkbox"/>	<input type="checkbox"/> 77		O	N
	25:	<input type="checkbox"/> 165	<input type="checkbox"/>	<input type="checkbox"/> 77		O	N
	30:	<input type="checkbox"/> 165	<input type="checkbox"/>	<input type="checkbox"/> 77		O	N
Sample Cylinder Number: 05-103-10584	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 type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Prod Csg PSIG	Intermedia Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	00:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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)	05:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	10:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	15:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	20:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	25:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	30:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Sample Cylinder Number: 05-103-10584	Instantaneous Intermediate Casing PSIG at end of test: > _____						

18. Comments:  
Resample of the braden head gas. Possible contamination of the first sample from the flowline backfeeding through the check valves.

19. 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: Justin Halcomb Title: Operator Phone: 970-6203692

Signed: *Justin Halcomb* Title: *Operator* Date: 10-20-2025

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_