



BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.
 Step 2. Sample now, if intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.
 Step 3. Conduct Bradenhead test.
 Step 4. Conduct intermediate casing test.
 Step 5. Send report to BLM within 30 days and to OGCC 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. OGCC Operator Number: _____
 2. Name of Operator: T-Rex
 3. BLM Lease No: _____
 4. API Number: _____ 5. Multiple completion? Yes No
 6. Well Name: Linnibur Number: 2-R
 7. Location (CirQtr, Sec, Twp, Rng, Meridian): NWSE Sec. 31 T35 R59 W
 8. County: Adams 9. Field Name: _____
 10. Minerals: Fee State Federal Indian

11. Date of Test: 12-29-25
 12. Well Status: Flowing Shut In
 Gas Lift Pumping Injection
 Clock/Intermittent Plunger Lift
 13. Number of Casing Strings:
 Two Three Liner?

14. **STEP 1: EXISTING PRESSURES**

Record all pressures as found	Tubing: <input checked="" type="checkbox"/> Ent.	Tubing: <u>0#</u> Fm: <u>J-sand</u>	Prod. Casing: <u>2#</u> Fm: <u>J-sand</u>	Intermediate Csg: <input checked="" type="checkbox"/>	Surface Casing: <u>4#</u>
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15. **STEP 2: See instructions above.**

16. **STEP 3: BRADENHEAD TEST**

Buried valve? Yes No Confirmed open? Yes No

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:
 O = No Flow; C = Continuous; D = Down to 0; V = Vapor
 H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?
 Yes No Gas Liquid

Character of Bradenhead fluid: Clear Fresh
 Sulfur Salty Black
 Other: (describe) None.

Sample cylinder number: _____

Elapsed Time (Min:Sec)	Fm: <u>J-sand</u> Casing:	Fm: <u>J-sand</u> Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
00: 11:10	<input checked="" type="checkbox"/>	<u>0#</u>	<u>0#</u>	<input checked="" type="checkbox"/>	<u>5# D</u>
05: 11:15	<input checked="" type="checkbox"/>	<u>0#</u>	<u>0#</u>	<input checked="" type="checkbox"/>	<u>0#</u>
10: 11:20	<input checked="" type="checkbox"/>	<u>0#</u>	<u>0# H</u>	<input checked="" type="checkbox"/>	<u>0#</u>
15: 11:25	<input checked="" type="checkbox"/>	<u>0#</u>	<u>H</u>	<input checked="" type="checkbox"/>	<u>0#</u>
20: 11:30	<input checked="" type="checkbox"/>	<u>0#</u>	<u>H</u>	<input checked="" type="checkbox"/>	<u>0#</u>
25: 11:35	<input checked="" type="checkbox"/>	<u>0#</u>	<u>H</u>	<input checked="" type="checkbox"/>	<u>0#</u>
30: 11:40	<input checked="" type="checkbox"/>	<u>0#</u>	<u>H</u>	<input checked="" type="checkbox"/>	<u>0#</u>

Note instantaneous Bradenhead PSIG at end of test: > 0#

17. **STEP 4: INTERMEDIATE CASING TEST**

Buried valve? Yes No Confirmed open? Yes No

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:
 O = No Flow; C = Continuous; D = Down to 0; V = Vapor
 H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas

INTERMEDIATE SAMPLE TAKEN?
 Yes No Gas Liquid

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

Sample cylinder number: _____

Elapsed Time (Min:Sec)	Fm: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
00:					
05:					
10:					
15:					
20:					
25:					
30:					

Note instantaneous Intermediate Casing PSIG at end of test: >

18. Comments: Production Csg. started a trickel of H2O after 10 min.

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: Vic Behrens Title: Lease Operator Phone: 303-810-6382
 Signed: Vic Behrens Title: _____ Date: 12-29-2025
 WITNESSED BY: _____ Title: _____ Agency: _____