

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 694-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.
Step 2. Sample now, if intermediate or surface casing pressure >26 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 completed.

1. OGCC Operator Number: 10819
 2. Name of Operator: Prairie Op Co
 3. BLM Lease No: _____
 4. API Number: 05-123-51478 5. Multiple completion? Yes No
 6. Well Name: Schneider Number: 4
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____
 8. County: Weld 9. Field Name: _____
 10. Minerals: Fee State Federal Indian

11. Date of Test: 1/9/26
 12. Well Status: Flowing Shut In
 Gas Lift Pumping Injection
 Chock/Interriter Plunger Lift
 13. Number of Casing Strings: Two Three Liner?

14. STEP 1: EXISTING PRESSURES

| | | | | | |
|-------------------------------|----------------------------------|----------------------------|-------------------------------------|---|---------------------------------------|
| Record all pressures as found | Tubing: <u>0</u> Fm: <u>0</u> | Tubing: _____ Fm: _____ | Prod. Casing: <u>0</u> Fm: _____ | Intermediate Casing: _____ Fm: _____ | Surface Casing: <u>0</u> Fm: _____ |
|-------------------------------|----------------------------------|----------------------------|-------------------------------------|---|---------------------------------------|

16. STEP 2: See instructions above.

15. STEP 3: BRADENHEAD TEST

| | | | | | | |
|--|------------------------|----------------------------|----------------------------|------------------------|--------------------------|-----------------|
| 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: _____ | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow |
| 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 | 00: | <u>0</u> | | <u>0</u> | | <u>0</u> |
| | 05: | <u>0</u> | | <u>0</u> | | <u>0</u> |
| | 10: | <u>0</u> | | <u>0</u> | | <u>0</u> |
| | 15: | <u>0</u> | | <u>0</u> | | <u>0</u> |
| | 20: | <u>0</u> | | <u>0</u> | | <u>0</u> |
| | 25: | <u>0</u> | | <u>0</u> | | <u>0</u> |
| 30: | <u>0</u> | | <u>0</u> | | <u>0</u> | |
| Note instantaneous Bradenhead PSIG at end of test: <u>0</u> | | | | | | |

BRADENHEAD SAMPLE TAKEN? Yes No Gas Liquid
 Character of Bradenhead fluid: Clear Froth
 Sulfur Salty Black
 Other: (describe) _____
 Sample cylinder number: _____

17. STEP 4: INTERMEDIATE CASING TEST

| | | | | | | |
|--|------------------------|----------------------------|----------------------------|------------------------|--------------------------|-------------------|
| 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: _____ | Production Casing PSIG | Intermediate Casing PSIG | Intermediate Flow |
| 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 | 00: | | | | | |
| | 05: | | | | | |
| | 10: | | | | | |
| | 15: | | | | | |
| | 20: | | | | | |
| | 25: | | | | | |
| 30: | | | | | | |
| Note instantaneous Intermediate Casing PSIG at end of test: _____ | | | | | | |

INTERMEDIATE SAMPLE TAKEN? Yes No Gas Liquid
 Character of Intermediate fluid: Clear Froth
 Sulfur Salty Black
 Other: (describe) _____
 Sample cylinder number: _____

18. Comments: Pre Frac

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: Wade Hood Title: Compliance Specialist Phone: (970) 302-1479
 Signed: Wade Hood Title: _____ Date: _____