

FORM
17Rev
6/99State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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 3 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: 47120 3. BLM Lease No: _____
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
 4. API Number: 05-001-09223-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: HSR-DREYER 5-5 Number: _____
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW,5,1S,65W,P
 8. County ADAMS 9. Field Name: WATTENBERG
 10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 11/22/2010

12. Well Status: ☐ Flowing
☐ Shut In ☐ Gas Lift
☐ Pumping ☐ Injection
☐ Clock/Intermitter
☒ Plunger Lift

13. Number of Casing Strings:
☐ Two ☐ Three ☐ Liner?

14. EXISTING PRESSURES

| | | | | | |
|-------------------------------|----------------------------|--------------------------|---------------------------|----------------------------|----------------|
| Record all pressures as found | Tubing: _____ Fm: _____ | Tubing: 330 Fm: _____ | Prod Csg 318 Fm: _____ | Intermediate Csg: _____ | Surf. Csg 0 |
|-------------------------------|----------------------------|--------------------------|---------------------------|----------------------------|----------------|

BRADENHEAD TEST

Buried valve? ☐ Yes ☒ NoConfirmed 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 = Whisper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?

☐ Yes ☒ No ☐ Gas ☐ LiquidCharacter of Bradenhead fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: _____

| Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: |
|------------------------|------------|-------------|---------------|---------------------|------------------|
| 00:00 | | 330 | 318 | | D |
| 05:00 | | 331 | 318 | | |
| 10:00 | | 331 | 318 | | |
| 15:00 | | 332 | 319 | | |
| 20:00 | | 332 | 319 | | |
| 25:00 | | 332 | 319 | | |
| 30:00 | | 332 | 319 | | |

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ NoConfirmed open? ☐ Yes ☐ No

With gauges monitoring production, intermediate 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 = Whisper; S = Surge; G = Gas

INTERMEDIATE SAMPLE TAKEN?

☐ Yes ☐ No ☐ Gas ☐ LiquidCharacter of Intermediate fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: _____

| Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: |
|------------------------|------------|-------------|---------------|---------------------|------------------|
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Instantaneous Intermediate Casing PSIG at end of test: >

Comments: No pressure, no build-up

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

Test Performed By: Russel Kibel Title: _____ Phone: (970) 380-2591

Signed: Mike Weaver Title: Product Engineer Date: 3/9/2011
Manager

Witnessed By: _____ Title: _____ Agency: _____