



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; 05-123-21316-00 5. Multiple completion? ☐ Yes ☐ No
6. Well Name: DACONO Number: 16-13
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE,13,1N,68W,6
8. County WELD 9. Field Name: SPINDLE
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 05/29/2013
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: <u>303</u> | Tubing: _____ | Prod Csg <u>360</u> | Intermediate | Surf. Csg |
| | Fm: _____ | Fm: _____ | Fm: _____ | Csg: _____ | <u>4</u> |

BRADENHEAD TEST

| | | | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|---------------------|------------------|
| Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 | Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: |
| | 00:00 | <input type="checkbox"/> 303 | <input type="checkbox"/> | <input type="checkbox"/> 360 | | G |
| | 05:00 | <input type="checkbox"/> 304 | <input type="checkbox"/> | <input type="checkbox"/> 361 | | D |
| | 10:00 | <input type="checkbox"/> 306 | <input type="checkbox"/> | <input type="checkbox"/> 361 | | D |
| | 15:00 | <input type="checkbox"/> 308 | <input type="checkbox"/> | <input type="checkbox"/> 362 | | D |
| | 20:00 | <input type="checkbox"/> 310 | <input type="checkbox"/> | <input type="checkbox"/> 365 | | D |
| | 25:00 | <input type="checkbox"/> 311 | <input type="checkbox"/> | <input type="checkbox"/> 367 | | D |
| 30:00 | <input type="checkbox"/> 313 | <input type="checkbox"/> | <input type="checkbox"/> 370 | | D | |
| 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)
Sample cylinder number: _____

INTERMEDIATE CASING TEST

| | | | | | | |
|---|------------------------|--------------------------|--------------------------|--------------------------|---------------------|------------------|
| Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Instantaneous Intermediate Casing PSIG at end of test: > _____ | | | | | | |

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

Comments:

Surface casing produced no fluid during form 17 test.

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

Test Performed By: Dustin Lauer Title: Non-employee job Phone: (970) 324-7442

Signed: Kay Lynn Griebel Title: Operations Specialist Date: 6/20/2013

Witnessed By: _____ Title: _____ Agency: _____