

FORM
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6/99

State of Colorado Oil and Gas Conservation Commission

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Document Number:

2451889

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: 18600 3. BLM Lease No: _____
 2. Name of Operator: COLORADO INTERSTATE GAS COMPANY LLC
 4. API Number; 05-087-07271-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: FORT MORGAN UNIT Number: 30
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE,25,3N,58W,6
 8. County MORGAN 9. Field Name: FORT MORGAN
 10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 11/19/2016

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: 1653 Fm: _____ | Prod Csg 55 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 ☐ Liquid
Character 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 | <input type="checkbox"/> | <input type="checkbox"/> 1653 | <input type="checkbox"/> 55 | | D |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
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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 ☐ Liquid
Character of Intermediate fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: _____

Instantaneous Intermediate Casing PSIG at end of test: >

| 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"/> | | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Comments: SURAFACE CASING WAS DEAD

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

Test Performed By: Kevin Liver Title: Supervisor Phone: (970) 3806011

Signed: Kevin Liver Title: Supervisor Date: 11/19/2015

Witnessed By: _____ Title: _____ Agency: _____