


FORM 17 Rev 6/99	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small>			DE	ET	QE	ES
	Document Number: <div style="border: 1px solid black; padding: 2px; display: inline-block;">401389456</div>						
	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: <u>96340</u>	3. BLM Lease No: _____	<div>11. Date of Test: <u>8/30/2017</u></div> <div>12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermitter <input checked="" type="checkbox"/> Plunger Lift <u>TA</u></div> <div>13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?</div>
2. Name of Operator: <u>WIEPKING-FULLERTON ENERGY LLC</u>		
4. API Number: <u>05-073-06498-00</u>	5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Well Name: <u>MONKS</u>	Number: <u>A11-9S-56W-01</u>	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE, 11, 9S, 56W, 6</u>		
8. County: <u>LINCOLN</u>	9. Field Name: <u>BRASS HAT</u>	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		
14. EXISTING PRESSURES		

Record all pressures as found	Tubing: _____ Fm: _____	Tubing: _____ Fm: _____	Prod Csg _____ Fm: _____	Intermediate _____ Csg: _____	Surf. Csg _____
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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 = Whisper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black NA

Other:(describe) _____

Sample cylinder number: _____

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
			O		O

Instantaneous Bradenhead PSIG at end of test: > _____

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ No

Confirmed 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: _____

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
<u>NA</u>					

Instantaneous Intermediate Casing PSIG at end of test: > _____

Comments: _____

Date Run: 8/28/2017 Doc [#401389456]

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

Test Performed By: Lana Adams Title: Pusher Phone: ()

Signed: _____ Title: _____ Date: _____

Witnessed By: [Signature] Title: Field Inspector Agency: COGCC