



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; 05-123-21644-00 5. Multiple completion? ☐ Yes ☐ No
6. Well Name: BARCLAY Number: 16-27
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE,27,3N,66W,6
8. County WELD 9. Field Name: WATTENBERG
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 11/13/2017
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: _____ | Tubing: _____ | Prod Csg <u>694</u> | Intermediate | Surf. Csg |
| | Fm: _____ | Fm: _____ | Fm: _____ | Csg: _____ | <u>3</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"/> | <input type="checkbox"/> | <input type="checkbox"/> 694 | | W |
| | 05:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 694 | | D |
| | 10:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 694 | | D |
| | 15:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 694 | | D |
| | 20:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 694 | | D |
| | 25:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 694 | | D |
| 30:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 694 | | 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 FLUIDS. SURFACE CASING SHUT IN FOR 15 MIN ENDED WITH A WHISPER. TUBING WAS SHUT IN. SURFACE CASING CAP WAS LEAKING GAS.

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

Test Performed By: Cooper Post Title: _____ Phone: (970) 402-7231

Signed: Samantha Petite Title: Regulatory Compliance Date: 11/22/2017

Witnessed By: _____ Title: _____ Agency: _____