

FORM 17
Rev 6/99

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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: 96340 3. BLM Lease No: _____
 2. Name of Operator: WIEPKING-FULLERTON ENERGY LLC
 4. API Number; 05-073-06464-00 5. Multiple completion? Yes No
 6. Well Name: Mahalo Number: 7
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW,29,10S,55W,6
 8. County LINCOLN 9. Field Name: GREAT PLAINS
 10. Minerals: Fee State Federal Indian

11. Date of Test: 06/05/2019
 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>0</u> Fm: <u>LNSNG</u>	Tubing: <u>0</u> Fm: _____	Prod Csg <u>0</u> Fm: <u>LNSNG</u>	Intermediate Csg: <u>0</u>	Surf. Csg <u>0</u>
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BRADENHEAD TEST

Buried valve? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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:
BRADENHEAD SAMPLE TAKEN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Liquid		00:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O
Character of Bradenhead fluid: Clear Fresh Sulfur Salty Black		05:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O
Other:(describe)		10:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O
Sample cylinder number: _____		15:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O
		20:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O
		25:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O
	30:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O	
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>							

INTERMEDIATE CASING TEST

Buried valve? Yes <input type="checkbox"/> No <input type="checkbox"/>	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:
INTERMEDIATE SAMPLE TAKEN? Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Liquid		00:00	<input type="checkbox"/>	<input type="checkbox"/>			
Character of Intermediate fluid: Clear Fresh Sulfur Salty Black		05:00	<input type="checkbox"/>	<input type="checkbox"/>			
Other:(describe)		10:00	<input type="checkbox"/>	<input type="checkbox"/>			
Sample cylinder number: _____		15:00	<input type="checkbox"/>	<input type="checkbox"/>			
		20:00	<input type="checkbox"/>	<input type="checkbox"/>			
		25:00	<input type="checkbox"/>	<input type="checkbox"/>			
	30:00	<input type="checkbox"/>	<input type="checkbox"/>				
Instantaneous Intermediate Casing PSIG at end of test: >							

Comments:

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

Test Performed By: Lance Clemons Title: Pusher Phone: (719) 342-3906

Signed: Tim Herian Title: Landman Date: 6/5/2019

Witnessed By: Susan sherman Title: Inspector Agency: cogcc

Comments:

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

Test Performed By: Laura Clunas Title: Partner Phone: ()

Signed: Laura Clunas Title: Partner Date: 6-5-19

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