

FORM  
17Rev  
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



DE ET OE ES

Document Number:

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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: 0 Fm: LNSNG	Tubing: 0 Fm: _____	Prod Csg 0 Fm: LNSNG	Intermediate Csg: 0	Surf. Csg 0
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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

Other:(describe)

Sample cylinder number:

Instantaneous Bradenhead PSIG at end of test: &gt; 0

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O
05:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O
10:00	<input type="checkbox"/>	<input type="checkbox"/>	0		O
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

## 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:

Instantaneous Intermediate Casing PSIG at end of test: &gt;

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	<input type="checkbox"/>			
05:00	<input type="checkbox"/>	<input type="checkbox"/>			
10:00	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			

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: Lance Clunas Title: Partner Phone: ()

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

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