



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: 100322 3. BLM Lease No: _____
 2. Name of Operator: NOBLE ENERGY INC
 4. API Number; 05-123-22304-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: MONFORT BB Number: 30-4
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW,30,5N,63W,6
 8. County WELD 9. Field Name: WATTENBERG
 10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 07/16/2019
 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>653</u> Fm: _____	Tubing: _____ Fm: _____	Prod Csg <u>656</u> Fm: _____	Intermediate Csg: _____	Surf. Csg <u>5</u>
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BRADENHEAD TEST

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/> 653	<input type="checkbox"/>	<input type="checkbox"/> 656		G
05:00	<input type="checkbox"/> 653	<input type="checkbox"/>	<input type="checkbox"/> 656		D
10:00	<input type="checkbox"/> 653	<input type="checkbox"/>	<input type="checkbox"/> 656		O
15:00	<input type="checkbox"/> 653	<input type="checkbox"/>	<input type="checkbox"/> 656		O
20:00	<input type="checkbox"/> 653	<input type="checkbox"/>	<input type="checkbox"/> 656		O
25:00	<input type="checkbox"/> 653	<input type="checkbox"/>	<input type="checkbox"/> 656		O
30:00	<input type="checkbox"/> 653	<input type="checkbox"/>	<input type="checkbox"/> 656		O

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

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"/>		
05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instantaneous Intermediate Casing PSIG at end of test: > _____

Comments: GAS PRESENT AT BEGINNING OF TEST. BLEW DOWN TO 0. NO PSI NO FLOW AT END OF TEST. ANNUAL BLOW DOWN 2019.

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

Test Performed By: JOSH DANIELS Title: ROUSTABOUT 1 Phone: (970) 412-0307

Signed: JULIE WEBB Title: SR. REGULATORY ANALYST Date: 7/18/2019

Witnessed By: Title: Agency: