



**BRADENHEAD TEST REPORT**

Step 1. Before opening any valves, record all tubing and casing pressures as found.  
 Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://cogcc/reg.html#opguidance>  
 Step 3. Conduct Bradenhead test.  
 Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.  
 Step 5. Submit sample analytical results via Form 43.

1. OGCC Operator Number: \_\_\_\_\_ 3. BLM Lease No: 37622-A  
 2. Name of Operator: PCC-1 LLC  
 4. API Number: \_\_\_\_\_ 5. Multiple completion? Yes No  
 6. Well Name: JES DOME Number: #22  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SE SW Sec 22 T45 R92W  
 8. County Moffet 9. Field Name: \_\_\_\_\_  
 10. Minerals: Fee State Federal Indian

11. Date of Test: 1-27-24  
 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: _____<br>Fm: _____ | Tubing: _____<br>Fm: _____ | Prod Csg <u>0</u><br>Fm: _____ | Intermediate<br>Csg: _____ | Surf. Csg<br><u>0</u> |
|-------------------------------|----------------------------|----------------------------|--------------------------------|----------------------------|-----------------------|

**BRADENHEAD TEST**

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.  
 Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper  
 Describe fluid type in "Bradenhead Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

| Buried valve? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Confirmed open? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>           | Elapsed Time (Min:Sec) | Fm: Tubing               | Fm: Tubing:              | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: | Bradenhead Fluid: |
|---|---|------------------------|--------------------------|--------------------------|---------------|---------------------|------------------|-------------------|
|   |   | 0                      | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u>      |                     | <u>0</u>         | <u>0</u>          |
| <b>BRADENHEAD SAMPLE TAKEN?</b>   |   |                        |                          |                          |               |                     |                  |                   |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>               | Gas <input type="checkbox"/> Liquid <input type="checkbox"/>                                  | 5                      | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u>      |                     | <u>0</u>         | <u>A</u>          |
|   |   | 10                     | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u>      |                     | <u>0</u>         | <u>0</u>          |
| <b>Character of Bradenhead fluid:</b>   |   |                        |                          |                          |               |                     |                  |                   |
| Clear <input type="checkbox"/> Fresh <input type="checkbox"/>                     | Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> | 15                     | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u>      |                     | <u>0</u>         | <u>0</u>          |
|   |   | 20                     | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u>      |                     | <u>0</u>         | <u>0</u>          |
| Other: (describe) _____   |   | 25                     | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u>      |                     | <u>0</u>         | <u>0</u>          |
|   |   | 30                     | <input type="checkbox"/> | <input type="checkbox"/> | <u>0</u>      |                     | <u>0</u>         | <u>0</u>          |
| Instantaneous Bradenhead PSIG at end of test: > <u>0</u>                          |   |                        |                          |                          |               |                     |                  |                   |

### INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.

Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Intermediate Fluid" column: H = Water H<sub>2</sub>O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

| Buried valve? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | Elapsed Time (Min:Sec) | Fm: Tubing                          | Fm: Tubing:              | Prod Csg PSIG | Intermediate Csg PSIG | Intermediate Flow: | Intermediate Fluid: |
|--|------------------------|-------------------------------------|--------------------------|---------------|-----------------------|--------------------|---------------------|
| Confirmed open? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 0             | 0                     | 0                  | 0                   |
| INTERMEDIATE SAMPLE TAKEN?<br>Yes <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/> | 5                      | <input type="checkbox"/>            | <input type="checkbox"/> | 0             | 0                     | 0                  | 0                   |
|  | 10                     | <input type="checkbox"/>            | <input type="checkbox"/> | 0             | 0                     | 0                  | 0                   |
| Character of Intermediate fluid:<br>Clear Fresh<br>Sulfur Salty Black<br>Other: (describe)<br>_____                                | 15                     | <input type="checkbox"/>            | <input type="checkbox"/> | 0             | 0                     | 0                  | 0                   |
|  | 20                     | <input type="checkbox"/>            | <input type="checkbox"/> | 0             | 0                     | 0                  | 0                   |
|  | 25                     | <input type="checkbox"/>            | <input type="checkbox"/> | 0             | 0                     | 0                  | 0                   |
|  | 30                     | <input type="checkbox"/>            | <input type="checkbox"/> | 0             | 0                     | 0                  | 0                   |
| Instantaneous Intermediate Casing PSIG at end of test: > <u>0</u>  |                        |                                     |                          |               |                       |                    |                     |

Comments:

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

Test Performed By: Terry Behrman Title: Operator Phone: 0970-320-5910  
 Signed: [Signature] Title: Operator Date: 1-17-24  
 Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_