

FORM
17Rev
11/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

404033762

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://ecmc/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. ECMC Operator Number: 10669 3. BLM Lease No: _____

2. Name of Operator: NICKEL ROAD OPERATING LLC

4. API Number; 05-123-51479-00 5. Multiple completion? ☐ Yes ☒ No

6. Well Name: BLEHM Number: 5X-HC-10-07-67

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE,9,7N,67W,6

8. County WELD 9. Field Name: WATTENBERG

10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 11/25/2024

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: 564 Fm: N-COM	Tubing: _____ Fm: _____	Prod Csg 610 Fm: N-COM	Intermediate Csg: _____	Surf. Csg 11
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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 = NoneBuried valve? ☒ Yes ☐ NoConfirmed open? ☒ Yes ☐ No

BRADENHEAD SAMPLE TAKEN?

☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid:

☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
00:00	N-COM 564		610		DOWN TO 0	GAS
05:00	N-COM 250		613		NO FLOW	
10:00	N-COM 298		614		NO FLOW	
15:00	N-COM 318		615		NO FLOW	
20:00	N-COM 349		617		NO FLOW	
25:00	N-COM 356		618		NO FLOW	
30:00	N-COM 276		619		NO FLOW	

REQUIRED - Instantaneous Bradenhead Pressure at End of Test: 0 PSIG

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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	00:00						
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:00						
	10:00						
	15:00						
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____	20:00						
	25:00						
	30:00						
	REQUIRED - Instantaneous Intermediate Casing Pressure at End of Test: _____ PSIG						

Comments: Annual Test

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

Test Performed By: <u>Max Trehus</u>	Title: <u>Contractor</u>	Phone: <u>(970) 768-6097</u>
Signed: <u>Venessa Chase</u>	Title: <u>Manager of Reg Affairs</u>	Date: <u>12/18/2024</u>
Witnessed By: _____	Title: _____	Agency: _____