



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: 10531		3. BLM Lease No: COC41048	
2. Name of Operator: VANGUARD OPERATING LLC			
4. API Number: 05-045-07199-00		5. Multiple completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Well Name: GIBSON GULCH UNIT		Number: 12-28	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian):		NWSW,28,6S,91W,6	
8. County: GARFIELD		9. Field Name: MAMM CREEK	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian			

11. Date of Test:	06/29/2016
12. Well Status:	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
13. Number of Casing Strings:	<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: _____	Tubing: _____ 147	Prod Csg _____ 165	Intermediate	Surf. Csg
	Fm: _____	Fm: WMFK	Fm: WMFK	Csg: _____	158

BRADENHEAD TEST

Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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:
	00:00	<input type="checkbox"/> 147	<input type="checkbox"/>	<input type="checkbox"/> 165		G
	05:00	<input type="checkbox"/> 148	<input type="checkbox"/>	<input type="checkbox"/> 165		W
	10:00	<input type="checkbox"/> 148	<input type="checkbox"/>	<input type="checkbox"/> 165		V
	15:00	<input type="checkbox"/> 148	<input type="checkbox"/>	<input type="checkbox"/> 167		V
	20:00	<input type="checkbox"/> 148	<input type="checkbox"/>	<input type="checkbox"/> 167		V
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	25:00	<input type="checkbox"/> 148	<input type="checkbox"/>	<input type="checkbox"/> 167		
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) Sample cylinder number:	30:00	<input type="checkbox"/> 148	<input type="checkbox"/>	<input type="checkbox"/> 168		V
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

INTERMEDIATE CASING TEST

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	<div>Elapsed Time (Min:Sec)</div> <div>Fm: Tubing</div> <div>Fm: Tubing:</div> <div>Prod Csg PSIG</div> <div>Intermedia Csg PSIG</div> <div>Bradenhead Flow:</div>
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 H ₂ O; M = Mud; W = Whisper; S = Surge; G = Gas	
INTERMEDIATE SAMPLE TAKEN?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	
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)	
Sample cylinder number:	

Comments:

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

Test Performed By: Lee Simpson Title: Production Foreman Phone: (970) 319-9945

Signed: Aaron Axelson Title: Sr. Production Foreman Date: 6/30/2016

Witnessed By: _____ Title: _____ Agency: _____