

**State of Colorado**  
**Oil and Gas Conservation Commission**

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Document Number:  
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**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: 17180 3. BLM Lease No: \_\_\_\_\_  
2. Name of Operator: CITATION OIL & GAS CORP  
4. API Number; 05-017-06613-00 5. Multiple completion? ☐ Yes ☒ No  
6. Well Name: MPU Number: 24-28  
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW,28,13S,48W,6  
8. County CHEYENNE 9. Field Name: MOUNT PEARL  
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 11/29/2022

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: 40 Fm: MRRWB	Tubing: _____ Fm: _____	Prod Csg 40 Fm: MRRWB	Intermediate Csg: _____	Surf. Csg 0
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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 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

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
00:00	MRRWB 40		40	0	NO FLOW	
05:00	MRRWB 40		40	0	NO FLOW	
10:00	MRRWB 40		40	0	NO FLOW	
15:00	MRRWB 40		40	0	NO FLOW	
20:00	MRRWB 40		40	0	NO FLOW	
25:00	MRRWB 40		40	0	NO FLOW	
30:00	MRRWB 40		40	0	NO FLOW	
REQUIRED - Instantaneous Bradenhead Pressure at End of Test: 0 PSIG						

Buried valve? ☐ Yes ☒ No  
Confirmed open? ☒ Yes ☐ No

BRADENHEAD SAMPLE TAKEN?  
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid:  
☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black  
Other:(describe)  
\_\_\_\_\_

## 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <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:
	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:

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

Test Performed By: <u>Jason Randel</u>	Title: <u>Senior Operator II</u>	Phone: <u>(719) 342-3872</u>
Signed: <u>Randolph Moses</u>	Title: <u>Agent</u>	Date: <u>12/1/2022</u>
Witnessed By: _____	Title: _____	Agency: _____