



State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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 30 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: _____		11. Date of Test: <u>12/22/20</u>	
2. Name of Operator: <u>Foundation Energy</u>		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
3. BLM Lease No: _____		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
4. API Number: _____		<input type="checkbox"/> Clock/Intermittent	
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Plunger Lift	
6. Well Name: <u>Bray State</u>		13. Number of Casing Strings: _____	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NE1/4 Sec 16 - T9N - R3W</u>		<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
8. County: <u>Logan</u>		14. STEP 1: EXISTING PRESSURES	
9. Field Name: _____		15. STEP 2: See instructions above.	
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			
Record all pressures as found			
Tubing: Fm: <u>0</u>	Tubing: Fm: _____	Prod. Casing: Fm: <u>0</u>	Intermediate Csg: _____
		Surface Casing: _____	

16. STEP 3: BRADENHEAD TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG
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		00:	<u>0</u>	<u>0</u>	<u>0</u>
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:	<u>0</u>	<u>0</u>	<u>0</u>
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____		10:	<u>0</u>	<u>0</u>	<u>0</u>
Sample cylinder number: _____		15:	<u>0</u>	<u>0</u>	<u>0</u>
		20:	<u>0</u>	<u>0</u>	<u>0</u>
		25:	<u>0</u>	<u>0</u>	<u>0</u>
		30:	<u>0</u>	<u>0</u>	<u>0</u>
Note instantaneous Bradenhead PSIG at end of test: >					

17. STEP 4: INTERMEDIATE CASING TEST					
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: _____	Production Casing PSIG
With gauges monitoring production 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 H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00:			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		05:			
Character of intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____		10:			
Sample cylinder number: _____		15:			
		20:			
		25:			
		30:			
Note instantaneous Intermediate Casing PSIG at end of test: >					
18. Comments: _____					

19. STEP 5: See instructions above.

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

Test Performed by: [Signature] Title: _____ Phone: _____