



State of Colorado Oil and Gas Conservation Commission

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



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 intermediate casing 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: 10112	3. BLM Lease No:	11. Date of Test: 4/7/21
2. Name of Operator: Foundation Energy Management	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut in
4. API Number:	Number: 18-12	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
6. Well Name: FEDERAL		<input type="checkbox"/> Clock/Intermittent
7. Location (QtrQtr, Sec, Twp, Rng, Meridian):		<input type="checkbox"/> Plunger Lift
8. County:	9. Field Name:	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four
10. State: <input type="checkbox"/> CO <input type="checkbox"/> NE <input type="checkbox"/> OK <input type="checkbox"/> KS <input type="checkbox"/> MN <input type="checkbox"/> IA <input type="checkbox"/> MO <input type="checkbox"/> WI <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> OH <input type="checkbox"/> PA <input type="checkbox"/> NY <input type="checkbox"/> NJ <input type="checkbox"/> DE <input type="checkbox"/> MD <input type="checkbox"/> VA <input type="checkbox"/> NC <input type="checkbox"/> SC <input type="checkbox"/> GA <input type="checkbox"/> FL <input type="checkbox"/> AL <input type="checkbox"/> MS <input type="checkbox"/> LA <input type="checkbox"/> TX <input type="checkbox"/> OK <input type="checkbox"/> NM <input type="checkbox"/> AZ <input type="checkbox"/> CA <input type="checkbox"/> NV <input type="checkbox"/> UT <input type="checkbox"/> WY <input type="checkbox"/> MT <input type="checkbox"/> ND <input type="checkbox"/> SD <input type="checkbox"/> NE <input type="checkbox"/> KS <input type="checkbox"/> MN <input type="checkbox"/> IA <input type="checkbox"/> MO <input type="checkbox"/> WI <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> OH <input type="checkbox"/> PA <input type="checkbox"/> NY <input type="checkbox"/> NJ <input type="checkbox"/> DE <input type="checkbox"/> MD <input type="checkbox"/> VA <input type="checkbox"/> NC <input type="checkbox"/> SC <input type="checkbox"/> GA <input type="checkbox"/> FL <input type="checkbox"/> AL <input type="checkbox"/> MS <input type="checkbox"/> LA <input type="checkbox"/> TX		

STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: 350 # Fm:	Tubing: 350 # Fm:	Prod. Casing: 350 # Fm:	Intermediate Csg: 0	Surface Casing: 0
15. STEP 2: See instructions above.					

STEP 3: BRADENHEAD TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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. 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 BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid 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) Sample cylinder number:	Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG
	00:	350 #		350 #	
	05:	350 #		350 #	
	10:	350 #		350 #	
	15:	350 #		350 #	
	20:	350 #		350 #	
	25:	350 #		350 #	
	30:	350 #		350 #	
Note instantaneous Bradenhead PSIG at end of test:					> 0

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 With gauges monitoring production casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Define characteristics of 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 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 <input type="checkbox"/> Other: (describe) Sample cylinder number:	Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG
	00:				
	10:				
	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: MIKE BARNES Title: Phone:

Signed: Mike Barnes Title: Date: 4/7/21

WITNESSED BY: Title: Agency: