

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: 10112			11. Date of Test: 6-25-21		
2. Name of Operator: Foundation Energy Management		3. BLM Lease No:			
4. API Number:		5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Well Name: Peters		Number: 42-10			
7. Location (QtrQtr, Sec, Twp, Rng, Meridian):					
8. County:					
9. Field Name:					
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian					
12. Well Status: <input checked="" type="checkbox"/> Flowing <input 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 type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?					
14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: Fm:	Tubing: Fm:	Prod. Casing: 59# Fm:	Intermediate Csg: Fm:	Surface Casing: Fm:
15. STEP 2: See instructions above.					

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	Intermediate Casing PSIG	Bradenhead Flow:	
<p>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:</p> <p>O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p>		00:			59#		OV	
		05:						O
		10:						O
		15:						O
		20:						O
		25:						O
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: _____		30:					O	
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	Intermediate Casing PSIG	Intermediate Flow:	
<p>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:</p> <p>O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p>		00:						
		05:						
		10:						
		15:						
		20:						
		25:						
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: _____		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: Terrance Johnson Title: Plumber Phone: (970) 466-3981

Signed: Terrance W. Johnson Title: Date: 6-25-21

WITNESSED BY: Title: Agency: