

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 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: 7-13-21		
2. Name of Operator: Foundation Energy Management			3. BLM Lease No:		
4. API Number:			5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6. Well Name: Rose			Number: 11-17		
7. Location (QtrQtr, Sec, Twp, Rng, Meridian):			12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In		
8. County: Yuma			12. <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection		
9. Field Name: Beecher			<input type="checkbox"/> Clock/Intermittent		
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			<input type="checkbox"/> Plunger Lift		
13. Number of Casing Strings: 1/2			<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: Fm: 108#	Intermediate Csg: Fm:	Surface Casing: Fm: 0
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:
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:	108#
				05:	
				10:	
				15:	
				20:	
				25:	
				30:	
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Note instantaneous Bradenhead PSIG at end of test: >	
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		Sample cylinder number:	
Other: (describe)					

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:
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:	
				05:	
				10:	
				15:	
				20:	
				25:	
				30:	
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Note instantaneous Intermediate Casing PSIG at end of test: >	
Character of intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		Sample cylinder number:	
Other: (describe)					

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: Pumper Phone: (970) 466-3981

Signed: Terrance W. Johnson Title: Date: 7-13-21

WITNESSED BY: Title: Agency: