

Witnessed By: _____ Title: _____ Agency: _____
 Signed: _____ Title: _____ Date: _____
 Test Performed by: Scottie Foreman Title: FOREMAN Phone: 503-887-2781

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

18. STEP 5: See instructions above.

18. Comments: _____

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 = Whimper; S = Surge; G = Gas

INTERMEDIATE SAMPLE TAKEN?

Yes No Gas Liquid

Character of Intermediate Fluid: Clear Black Salty Other (describe) _____

Sample cylinder number: _____

30									
25									
20									
15									
10									
05									
00									

Note instantaneous Intermediate Casing PSIG at end of test >

17. STEP 4: INTERMEDIATE CASING TEST

16. STEP 3: 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 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 = Whimper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?

Yes No Gas Liquid

Character of Bradenhead Fluid: Clear Black Salty Other (describe) _____

Sample cylinder number: _____

30									
25									
20									
15									
10									
05									
00									

Note instantaneous Bradenhead PSIG at end of test >

14. STEP 1: EXISTING PRESSURES

Record all pressures as found

Tubing: 105 Fm: _____

Tubing: _____ Fm: _____

Prod. Casing: 120 Fm: _____

Intermediate Casing: _____ Fm: _____

Surface Casing: _____ Fm: _____

15. STEP 2: See instructions above.

1. OGCC Operator Number: _____

2. Name of Operator: Foundation Energy

3. BLM Lease No.: _____

4. API Number: _____

5. Multiple completion? Yes No

6. Well Name: 270 Number: 6-7

7. Location (CHRG, Sec, Twp, Rng, Meridian): _____

8. County: Weld

9. Field Name: _____

10. Minerals: Fee State Federal Indian

11. Date of Test: 8-15-19

12. Well Status: Flowing Shut in Injection Gas Lift Pumping Plunger Lift Choked/Intermittent

13. Number of Casing Stungs: One Two Three Liner?

Step 1: Record all tubing and casing pressures as found

Step 2: Sample flow, 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.

BRADENHEAD TEST REPORT

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

State of Colorado
Oil and Gas Conservation Commission

FORM 17
Rev. 03/03



FOR OGCC USE ONLY