

Form 17 <small>Rev. 6/99</small>	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109	 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 or surface casing test. Step 4. Conduct intermediate or surface casing test. Step 5. Send report to OGCC within 30 days and to OGCC within 13 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: _____ 2. Name of Operator: <u>Foundation Energy</u> 3. BLM Lease No.: _____ 4. API Number: _____ 5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Well Name: <u>KATHA</u> Number: <u>2333</u> 7. Location (City, 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																																										
STEP 1: EXISTING PRESSURES																																										
14. Record all pressures as found Tubing: _____ Fm: <u>40</u> Intermediate Casing: _____ Prod. Casing: _____ Fm: <u>45</u>																																										
15. STEP 2: See instructions above.																																										
11. Date of Test: _____ 12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut in <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Cyclic/Intermittent <input type="checkbox"/> Plunger Lift 13. Number of Casing Strings: _____ <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Line 7																																										
STEP 3: BRADENHEAD 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, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures) and record the following: Definite characteristics of flow in "Bradenhead Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor M = Water H ₂ O; W = Mud; Wh = Whimper; S = Surge; G = Gas BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input 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"/> Sulur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe): _____ Sample cylinder number: _____																																										
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Note instantaneous Bradenhead PSIG at end of test: _____																																										
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. Characterize flow in "Intermediate Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor M = Water H ₂ O; W = Mud; Wh = Whimper; 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"/> Sulur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe): _____ Sample cylinder number: _____																																										
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Note instantaneous Intermediate Casing PSIG at end of test: _____																																										
16. 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: <u>Roger Steele</u> Title: <u>Director</u> Phone: _____ Signed: <u>R</u> Title: _____ Date: <u>10-24-19</u> WITNESSED BY: _____ Title: _____ Agency: _____																																										