

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.

11. Date of Test: 5-13-21

12. Well Status: Flowing Shut In
 Gas Lift Pumping Injection
 Clock/Intermitter
 Plunger Lift

13. Number of Casing Strings: N/A
 Two Three Liner?

1. OGCC Operator Number: 10112

2. Name of Operator: Foundation Energy Management 3. BLM Lease No: _____

4. API Number: _____ 5. Multiple completion? Yes No

6. Well Name: Packet # State Number: 246-44-36

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

8. County: Yuma 9. Field Name: _____

10. Minerals: Fee State Federal Indian

14. **STEP 1: EXISTING PRESSURES**

| Record all pressures as found | Tubing: | Tubing: | Prod. Casing: | Intermediate Csg: | Surface Casing: |
|-------------------------------|---------------|-----------|-----------------|-------------------|-----------------|
| | Fm: <u>27</u> | Fm: _____ | Fm: <u>27.1</u> | Fm: _____ | Fm: <u>∅</u> |

15. **STEP 2: See instructions above.**

16. **STEP 3: BRADENHEAD TEST**

Buried valve? Yes No Confirmed open? Yes 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.) 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 = Whisaper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?
 Yes No Gas Liquid

Character of Bradenhead fluid: Clear Fresh
 Sulfur Salty Black
 Other: (describe) _____

Sample cylinder number: _____

| Elapsed Time (Min:Sec) | Fm: _____ | Fm: _____ | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow: |
|------------------------|-----------|-----------|------------------------|--------------------------|------------------|
| | Tubing: | Tubing: | | | |
| 00: | 27 | | 27.1 | | O |
| 05: | 27 | | 27.1 | | O |
| 10: | 27 | | 27 | | O |
| 15: | 27 | | 27.1 | | O |
| 20: | 27 | | 27 | | O |
| 25: | 27 | | 27 | | O |
| 30: | 27 | | 27.1 | | O |

Note instantaneous Bradenhead PSIG at end of test: > ∅

17. **STEP 4: INTERMEDIATE CASING TEST**

Buried valve? Yes No Confirmed open? Yes 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
 H = Water H2O; M = Mud; W = Whisaper; S = Surge; G = Gas

INTERMEDIATE SAMPLE TAKEN?
 Yes No Gas Liquid

Character of Intermediate fluid: Clear Fresh
 Sulfur Salty Black
 Other: (describe) _____

Sample cylinder number: _____

| Elapsed Time (Min:Sec) | Fm: _____ | Fm: _____ | Production Casing PSIG | Intermediate Casing PSIG | Intermediate Flow |
|------------------------|-----------|-----------|------------------------|--------------------------|-------------------|
| | Tubing: | Tubing: | | | |
| 00: | | | | | |
| 05: | | | | | |
| 10: | | | | | |
| 15: | | | | | |
| 20: | | | | | |
| 25: | | | | | |
| 30: | | | | | |

Note instantaneous Intermediate Casing PSIG at end of test: >

18. Comments: Unit has hole in tubing on workover list

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: Brian McCasland Title: Pumper Phone: 970-630-5245

Signed: B. McCasland Title: _____ Date: 5-13-21

WITNESSED BY: _____ Title: _____ Agency: _____