



**NEW DANCE USE ONLY**

## BRADENHEAD TEST REPORT

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 Bradstreet test.  
Step 4. Conduct intermediate casing test.  
Step 5. Send report to BLM within 30 days and to OGC 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. OCCC Operator Number: <u>10112</u> 2. Name of Operator: <u>Foundation Energy Management</u> 3. (BLM) Lease No: _____ 4. API Number: _____      5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Well Name: <u>Federal</u> Number: <u>29-5</u> 7. Location (Ctr/Ctr, 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						11. Date of Test: <u>5/12/2021</u>  12. Well Status: <input type="checkbox"/> Flowing <input checked="" 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 checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
<b>14. STEP 1: EXISTING PRESSURES</b>						15. <b>STEP 2: See instructions above.</b>
Record all pressures as found	Tubing: <div style="font-size: 2em; text-align: center;">80#</div> Fm:	Tubing: <div style="font-size: 2em; text-align: center;">200#</div> Fm:	Prod. Casing: <div style="font-size: 2em; text-align: center;">200#</div> Fm:	Intermediate Cag: <div style="font-size: 2em; text-align: center;">25#</div>	Surface Casing: <div style="font-size: 2em; text-align: center;">25#</div>	

15.		STEP 3: BRADENHEAD TEST						
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min:Sec)	FM Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
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 H <sub>2</sub> O; M = Mud; W = Whimper; S = Surge; G = Gas				00:	80 #	200 #		D
				05:	80 #	200 #		C
				10:	80 #	200 #		O
				15:	80 #	200 #		O
				20:	80 #	200 #		O
				25:	80 #	200 #		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)				30:	80 #	200 #		O
Sample cylinder number:				Note instantaneous Bradenhead PSIG at end of test: > 0				

17. STEP 4: INTERMEDIATE CASING TEST		Elapsed Time (Min:Sec)	FM: Tubing	FM: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No    Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No		00:					
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:		05:					
Q = No Flow; C = Continuous; D = Down to 0; V = Vapor		10:					
H = Water H <sub>2</sub> O; M = Mud; W = Whisper; S = Surge; G = Gas		15:					
INTERMEDIATE SAMPLE TAKEN?		20:					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		25:					
Character of intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh		30:					
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black							
<input type="checkbox"/> Other: (describe) _____							
Sample cylinder number: _____		Note instantaneous intermediate casing PSIG at end of test: >					

18. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. **STEP 3: 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: Mike BARNES Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: Mike Barnes Title: \_\_\_\_\_ Date: 5/12/2021

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_