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**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  
 2. Name of Operator: Foundation Energy Management  
 3. BLM Lease No: \_\_\_\_\_  
 4. API Number: \_\_\_\_\_ 5. Multiple completion?  Yes  No  
 6. Well Name: Strangways Number: 9-20  
 7. Location (Ctr Qtr, Sec, Twp, Rng, Meridian): \_\_\_\_\_  
 8. County: Yuma 9. Field Name: Beecher  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: \_\_\_\_\_  
 12. Well Status:  Flowing  Shut In  
 Gas Lift  Pumping  Injection  
 Clock/Intermitter  
 Plunger Lift  
 13. Number of Casing Strings: NA  
 Two  Three  Liner?

14. **STEP 1: EXISTING PRESSURES**

|                               |                            |                            |                                       |                         |                          |
|-------------------------------|----------------------------|----------------------------|---------------------------------------|-------------------------|--------------------------|
| Record all pressures as found | Tubing: _____<br>Fm: _____ | Tubing: _____<br>Fm: _____ | Prod. Casing: _____<br>Fm: <u>46#</u> | Intermediate Csg: _____ | Surface Casing: <u>0</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 = Whisper; S = Surge; G = Gas

| Elapsed Time (Min:Sec) | Fm: _____<br>Tubing: _____ | Fm: _____<br>Tubing: _____ | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow: |
|------------------------|----------------------------|----------------------------|------------------------|--------------------------|------------------|
| 00:                    |                            |                            | <u>46#</u>             |                          | <u>WV</u>        |
| 05:                    |                            |                            |                        |                          | <u>0</u>         |
| 10:                    |                            |                            |                        |                          | <u>0</u>         |
| 15:                    |                            |                            |                        |                          | <u>0</u>         |
| 20:                    |                            |                            |                        |                          | <u>0</u>         |
| 25:                    |                            |                            |                        |                          | <u>0</u>         |
| 30:                    |                            |                            |                        |                          | <u>0</u>         |

BRADENHEAD SAMPLE TAKEN?  
 Yes  No  Gas  Liquid

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

Sample cylinder number: \_\_\_\_\_

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 = Whisper; S = Surge; G = Gas

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

INTERMEDIATE SAMPLE TAKEN?  
 Yes  No  Gas  Liquid

Character of intermediate fluid:  Clear  Fresh  
 Sulfur  Salty  Black  
 Other: (describe) \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

Note instantaneous Intermediate Casing PSIG at end of test: >

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: 7-20-21  
 WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_