

FORM
17
Rev
11/20

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:
402775290

BRADENHEAD TEST REPORT

Step 1. Before opening any valves, record all tubing and casing pressures as found.
 Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://cogcc/reg.html#opguidance>
 Step 3. Conduct Bradenhead test.
 Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.
 Step 5. Submit sample analytical results via Form 43.

1. OGCC Operator Number: 10112 3. BLM Lease No: _____
 2. Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC
 4. API Number; 05-125-09160-00 5. Multiple completion? Yes No
 6. Well Name: STATE 145 Number: 14-16
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW,16,1N,45W,6
 8. County YUMA 9. Field Name: REPUBLICAN
 10. Minerals: Fee State Federal Indian

11. Date of Test: 07/22/2021
 12. Well Status: Flowing
 Shut In Gas Lift
 Pumping Injection
 Clock/Intermitter
 Plunger Lift
 13. Number of Casing Strings:
 Two Three Liner?

14. EXISTING PRESSURES

| | | | | | |
|-------------------------------|----------------------------|----------------------------|---------------------------------|----------------------------|-----------------------|
| Record all pressures as found | Tubing: _____ Fm: _____ | Tubing: _____ Fm: _____ | Prod Csg <u>20</u> Fm: _____ | Intermediate Csg: _____ | Surf. Csg <u>0</u> |
|-------------------------------|----------------------------|----------------------------|---------------------------------|----------------------------|-----------------------|

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 pressures.) Record pressures at five minute intervals.
 Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper
 Describe fluid type in "Bradenhead Fluid" column: H = Water H₂O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

| Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: | Bradenhead Fluid: |
|---|------------------------|--------------------------|--------------------------|-----------------------------|-----------------------------|------------------|-------------------|
| | | 00:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 20 | | WHISPER |
| 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 Other:(describe) _____ | 05:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 20 | | NO FLOW | NONE |
| | 10:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 20 | | NO FLOW | NONE |
| | 15:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 20 | | NO FLOW | NONE |
| | 20:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 20 | | NO FLOW | NONE |
| | 25:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 20 | | NO FLOW | NONE |
| | 30:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 20 | | NO FLOW | NONE |
| Instantaneous Bradenhead PSIG at end of test: > <u>0</u> | | | | | | | |

INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.

Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper
 Describe fluid type in "Intermediate Fluid" column: H = Water H₂O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

| Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No | Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermediate Csg PSIG | Intermediate Flow: | Intermediate Fluid: |
|---|--|--------------------------|--------------------------|--------------------------|-----------------------|--------------------|---------------------|
| Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No | 00:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid | 05:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | 10:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | 15:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____ | 20:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | 25:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | 30:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | Instantaneous Intermediate Casing PSIG at end of test: > _____ | | | | | | |

Comments:

I hereby certify all 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: Afton liams Title: HSE/Regulatory Technician Date: 8/10/2021

Witnessed By: _____ Title: _____ Agency: _____