

Oil and Gas Conservation Commission
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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: _____		3. BLM Lease No: _____		11. Date of Test: <u>10-22-21</u>	
2. Name of Operator: <u>Foundation Energy</u>		5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
4. API Number: _____		6. Well Name: <u>Fed Tower</u>		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
7. Location (Qtr/Sec, Twp, Rng, Meridian): _____		8. County: <u>Wichita</u>		13. Number of Casing Strings: _____	
9. Field Name: _____		10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	

STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: Fm: <u>0</u>	Tubing: Fm: _____	Prod. Casing: Fm: <u>40</u>	Intermediate Casing: Fm: _____	Surface Casing: Fm: <u>0</u>

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

STEP 3: BRADENHEAD TEST						
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input checked="" 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.) 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 BRADENHEAD SAMPLE TAKEN? <input checked="" 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"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____ Sample cylinder number: _____	Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
	00:	<u>0</u>		<u>40</u>		<u>0</u>
	05:	<u>0</u>		<u>40</u>		<u>0</u>
	10:	<u>0</u>		<u>40</u>		<u>0</u>
	15:	<u>0</u>		<u>40</u>		<u>0</u>
	20:	<u>0</u>		<u>40</u>		<u>0</u>
	25:	<u>0</u>		<u>40</u>		<u>0</u>
30:	<u>0</u>		<u>40</u>		<u>0</u>	
Note instantaneous Bradenhead PSIG at end of test: <u>> 0</u>						

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 H = Water H2O; M = Mud; W = Whisper; 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"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____ Sample cylinder number: _____	Elapsed Time (Min:Sec)	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Intermediate Casing PSIG at end of test: <u>></u>						

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: R. Steele Title: Pumper Phone: 970-466-4542

Signed: _____ Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____