

State of Colorado  
Oil and Gas Conservation Commission

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



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.

|  |   |
|--|---|
| 1. OGCC Operator Number: <u>10112</u>  | 11. Date of Test: <u>6-22-2000</u>  |
| 2. Name of Operator: <u>Foundation Energy</u>  | 12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut in                    |
| 3. BLM Lease No: _____   | <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection |
| 4. API Number: <u>508107010</u>  | <input type="checkbox"/> Clock/Intermittent   |
| 5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input checked="" type="checkbox"/> Plunger Lift  |
| 6. Well Name: <u>Lion Government</u>   | 13. Number of Casing Strings: _____   |
| 7. Location (CtrQtr, Sec, Twp, Rng, Meridian): <u>SE 1/4 36 12N 101W</u>   | <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?           |
| 8. County: <u>Moffat</u>   |   |
| 9. Field Name: <u>Lion Government</u>  |   |
| 10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian |   |

| STEP 1: EXISTING PRESSURES    |                        |                   |                              |                         |                          |
|-------------------------------|------------------------|-------------------|------------------------------|-------------------------|--------------------------|
| Record all pressures as found | Tubing: Fm: <u>100</u> | Tubing: Fm: _____ | Prod. Casing: Fm: <u>220</u> | Intermediate Csg: _____ | Surface Casing: <u>0</u> |

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

| STEP 3: BRADENHEAD TEST   |                        |                            |                            |                        |                          |                 |
|---|------------------------|----------------------------|----------------------------|------------------------|--------------------------|-----------------|
| Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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:<br>O = No Flow; C = Continuous; D = Down to 0; V = Vapor<br>H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas<br>BRADENHEAD SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid<br>Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br><input type="checkbox"/> Other: (describe) _____<br>Sample cylinder number: _____ | Elapsed Time (Min:Sec) | Fm: _____<br>Tubing: _____ | Fm: _____<br>Tubing: _____ | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow |
|   | 00:                    | <u>100</u>                 |                            | <u>220</u>             |                          | <u>0</u>        |
|   | 05:                    | <u>100</u>                 |                            | <u>220</u>             |                          | <u>0</u>        |
|   | 10:                    | <u>100</u>                 |                            | <u>220</u>             |                          | <u>0</u>        |
|   | 15:                    | <u>100</u>                 |                            | <u>220</u>             |                          | <u>0</u>        |
|   | 20:                    | <u>100</u>                 |                            | <u>220</u>             |                          | <u>0</u>        |
|   | 25:                    | <u>100</u>                 |                            | <u>220</u>             |                          | <u>0</u>        |
|   | 30:                    | <u>100</u>                 |                            | <u>220</u>             |                          | <u>0</u>        |
| Note instantaneous Bradenhead PSIG at end of test: >  |                        |                            |                            |                        |                          |                 |

| 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<br>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:<br>O = No Flow; C = Continuous; D = Down to 0; V = Vapor<br>H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas<br>INTERMEDIATE SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid<br>Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br><input type="checkbox"/> Other: (describe) _____<br>Sample cylinder number: _____ | 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:                    |                            |                            |                        |                          |                   |
| 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: Doug Palmer Title: Contract Phone: 307-264-9990

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 6-22-22

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