

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: 10112  
2. Name of Operator: Foundation Energy LLC  
3. BLM Lease No:  
4. API Number: 508107085  
5. Multiple completion? ☐ Yes ☒ No  
6. Well Name: LION GOVERNMENT Number: 5  
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE 26 12N 101W  
8. County: MOFFAT  
9. Field Name: LION GOVERNMENT  
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 8-12-23

12. Well Status: ☐ Flowing ☒ Shut In  
☐ Gas Lift ☐ Pumping ☐ Injection  
☐ Clock/Intermittent  
☐ Plunger Lift

13. Number of Casing Strings:  
☒ Two ☐ Three ☐ Liner?

## STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: 240 Fm:	Tubing: Fm:	Prod. Casing: 300 Fm:	Intermediate Csg: Fm:	Surface Casing: 0
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15.

STEP 2: See instructions above.

## STEP 3: BRADENHEAD TEST

Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
00:	240		300		O
05:	240		300		O
10:	240		300		O
15:	240		300		O
20:	240		300		O
25:	240		300		O
30:	240		300		O

Note instantaneous Bradenhead PSIG at end of test: > 0

## STEP 4: INTERMEDIATE CASING TEST

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: >

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: *L. Palmer*

Title: Foreman

Date: 8-12-23

WITNESSED BY:

Title:

Agency: