

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: COD 153758
4. API Number: 508107135
5. Multiple completion? ☐ Yes ☒ No
6. Well Name: LION GOVERNMENT Number: 8
7. Location (CtrQtr, Sec, Twp, Rng, Meridian): NWSE 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: 200 Fm: | Tubing: Fm: | Prod. Casing: 275 Fm: | Intermediate Csg: Fm: | Surface Casing: 0 Fm: |
|-------------------------------|--------------------|----------------|--------------------------|--------------------------|--------------------------|
| | | | | | |

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 | Elapsed Time (Min:Sec) | Fm: Tubing: | Fm: Tubing: | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow: |
|--|------------------------|-------------|-------------|--|--------------------------|------------------|
| 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 | 00: | 200 | | 275 | | O |
| | 05: | 200 | | 275 | | O |
| | 10: | 200 | | 275 | | O |
| | 15: | 200 | | 275 | | O |
| | 20: | 200 | | 275 | | O |
| | 25: | 200 | | 275 | | O |
| 30: | 200 | | 275 | | O | |
| BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid | | | | Note instantaneous Bradenhead PSIG at end of test: > 0 | | |
| 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: | | | | | | |

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 | Elapsed Time (Min:Sec) | Fm: Tubing: | Fm: Tubing: | Production Casing PSIG | Intermediate Casing PSIG | Intermediate Flow: |
|--|------------------------|-------------|-------------|---|--------------------------|--------------------|
| 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 | 00: | | | | | |
| | 05: | | | | | |
| | 10: | | | | | |
| | 15: | | | | | |
| | 20: | | | | | |
| | 25: | | | | | |
| 30: | | | | | | |
| INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid | | | | Note instantaneous Intermediate Casing PSIG at end of test: > | | |
| 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: | | | | | | |

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: *E. Palmer*

Title: Foreman

Date: 8-12-23

WITNESSED BY:

Title:

Agency: