

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: 508107134
5. Multiple completion? ☐ Yes ☒ No
6. Well Name: LION GOVERNMENT Number: 11
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): 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?

14. STEP 1: EXISTING PRESSURES

| | | | | | |
|-------------------------------|--------------------|----------------|--------------------------|--------------------------|-------------------|
| Record all pressures as found | Tubing: 265 Fm: | Tubing: Fm: | Prod. Casing: 300 Fm: | Intermediate Csg: Fm: | Surface Casing: 0 |
|-------------------------------|--------------------|----------------|--------------------------|--------------------------|-------------------|

15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST

Buried valve? ☐ Yes ☒ No Confirmed open? ☒ Yes ☐ 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?
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
☐ Other: (describe) _____

Sample cylinder number: _____

| Elapsed Time (Min:Sec) | Fm: Tubing | Fm: Tubing | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow |
|------------------------|------------|------------|------------------------|--------------------------|-----------------|
| 00: | 265 | | 300 | | O |
| 05: | 265 | | 300 | | O |
| 10: | 265 | | 300 | | O |
| 15: | 265 | | 300 | | O |
| 20: | 265 | | 300 | | O |
| 25: | 265 | | 300 | | O |
| 30: | 265 | | 300 | | O |

Note instantaneous Bradenhead PSIG at end of test: > 0

17. STEP 4: INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ No Confirmed open? ☐ Yes ☐ 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?
☐ Yes ☐ No ☐ Gas ☐ Liquid

Character of intermediate fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
☐ 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: >

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. J. Gosh Title: Foreman Date: 8-12-23

WITNESSED BY: _____ Title: _____ Agency: _____