

FORM  
17  
Rev  
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State of Colorado  
Energy & Carbon Management Commission



DE	ET	OE	ES
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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 3 days and to ECMC 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. ECMC Operator Number: 100264 3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: XTO ENERGY INC  
 4. API Number; 05-071-07553-00 5. Multiple completion?  Yes  No  
 6. Well Name: HILL RANCH Number: 29-14V  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW,29,34S,67W,6  
 8. County LAS ANIMAS 9. Field Name: PURGATOIRE RIVER  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 11/08/2009  
 12. Well Status:  Flowing  
 Shut In  Gas Lift  
 Pumping  Injection  
 Clock/Intermitter  
 Plunger Lift  
 13. Number of Casing Strings:  
 Two  Three  Liner?

14. EXISTING PRESSURES					
Record all pressures as found	Tubing: <u>3</u> Fm: <u>VRMJ</u>	Tubing: _____ Fm: _____	Prod Csg <u>3</u> Fm: _____	Intermediate Csg: _____	Surf. Csg _____ 0

BRADENHEAD TEST							
Buried valve? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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  Other:(describe) Sample cylinder number: _____	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	
	00:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/>	3		NO FLOW
	05:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/>	3		NO FLOW
	10:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/>	3		NO FLOW
	15:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/>	3		NO FLOW
	20:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/>	3		NO FLOW
	25:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/>	3		NO FLOW
	30:00	VRMJ 3	<input type="checkbox"/>	<input type="checkbox"/>	3		NO FLOW
Instantaneous Bradenhead PSIG at end of test: > _____							

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, intermediate 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  Other:(describe) Sample cylinder number: _____	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
Instantaneous Intermediate Casing PSIG at end of test: > _____							

Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (719) 846-0272

Signed: FRANK ORTIZ Title: LEASE OPERATOR Date: 11/8/2009

Witnessed By: \_\_\_\_\_ Title: LEASE OPERATOR Agency: \_\_\_\_\_