

FORM 17

Rev 6/99

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES Document Number: 1629779

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 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: 10084 3. BLM Lease No: 2. Name of Operator: PIONEER NATURAL RESOURCES USA INC 4. API Number: 05-071-07890-00 5. Multiple completion? 6. Well Name: Latiluppe Number: 13-8V 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW,8,33S,67W,6 8. County LAS ANIMAS 9. Field Name: PURGATOIRE RIVER 10. Minerals: Fee State Federal Indian 11. Date of Test: 07/27/2009 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

Table with 6 columns: Record all pressures as found, Tubing (0), Tubing (), Prod Csg (50), Intermediate, Surf. Csg (0). Includes Fm: VRMJ, Fm: , Fm: , Csg: , Csg: 0.

BRADENHEAD TEST

Bradenhead test details: Buried valve? No Confirmed open? Yes With gauges monitoring production... BRADENHEAD SAMPLE TAKEN? No Gas Liquid Character of Bradenhead fluid: Clear Fresh Sulfur Salty Black Other:(describe) Sample cylinder number: Instantaneous Bradenhead PSIG at end of test: >

INTERMEDIATE CASING TEST

Intermediate casing test details: Buried valve? Yes No Confirmed open? Yes No With gauges monitoring production... INTERMEDIATE SAMPLE TAKEN? Yes No Gas Liquid Character of Intermediate fluid: Clear Fresh Sulfur Salty Black Other:(describe) Sample cylinder number: Instantaneous Intermediate Casing PSIG at end of test: >

Comments: Water produced to shut in.

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) 846-7898

Signed: BEN C. Title: FLOORHAND Date: 10/20/2009

Witnessed By: _____ Title: Floorhand Agency: _____