

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
Document Number: <u>17777699</u>			

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: <u>96705</u>	3. BLM Lease No: _____	11. Date of Test: <u>05/22/2008</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION COMPANY LLC</u>		12. Well Status: <input checked="" type="checkbox"/> Flowing
4. API Number; <u>05-067-08314-00</u>	5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift
6. Well Name: <u>IGNACIO 33-7</u>	Number: <u>17A</u>	<input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SENW,21,33N,7W,N</u>		<input type="checkbox"/> Clock/Intermitter
8. County <u>LA PLATA</u>	9. Field Name: <u>IGNACIO BLANCO</u>	<input type="checkbox"/> Plunger Lift
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input checked="" type="checkbox"/> Liner?

14. EXISTING PRESSURES					
Record all pressures as found	Tubing: <u>145</u> Fm: <u>MVRD</u>	Tubing: _____ Fm: _____	Prod Csg <u>173</u> Fm: _____	Intermediate Csg: <u>67</u>	Surf. Csg <u>79</u>

BRADENHEAD TEST						
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	00:00	MVRD 145		173		
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	05:00	MVRD 144		170		
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	10:00	MVRD 144		171		
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black	15:00	MVRD 144		171		
Other:(describe)	20:00	MVRD 144		171		
Sample cylinder number: _____	25:00	MVRD 144		171		
Instantaneous Bradenhead PSIG at end of test: > _____						

INTERMEDIATE CASING TEST						
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	00:00	MVRD 145		173	67	
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	05:00	MVRD 145		171	0	
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: _____	Instantaneous Intermediate Casing PSIG at end of test: > _____					

Comments: BHD BLEW DEAD AFTER 7 PAGES BHD LEFT OPEN AFTER TEST INT. LEFT OPEN

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: (505) 947-4600

Signed: BELINDA MARTINEZ Title: DATA ENTRY TEMP Date: 5/6/2009

Witnessed By: _____ Title: _____ Agency: _____

FORM
17
Rev
6/99

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
17777699

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: 96705 3. BLM Lease No: _____
 2. Name of Operator: WILLIAMS PRODUCTION COMPANY LLC
 4. API Number; 05-067-08314-00 5. Multiple completion? Yes No
 6. Well Name: IGNACIO 33-7 Number: 17A
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SEnw,21,33N,7W,N
 8. County LA PLATA 9. Field Name: IGNACIO BLANCO
 10. Minerals: Fee State Federal Indian

11. Date of Test: 05/22/2008
 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>145</u> Fm: <u>MVRD</u>	Tubing: _____ Fm: _____	Prod Csg <u>173</u> Fm: _____	Intermediate Csg: <u>67</u>	Surf. Csg <u>79</u>
-------------------------------	---------------------------------------	----------------------------	----------------------------------	--------------------------------	------------------------

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

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	MVRD 145		173		
05:00	MVRD 144		170		
10:00	MVRD 144		171		
15:00	MVRD 144		171		
20:00	MVRD 144		171		
25:00	MVRD 144		171		

BRADENHEAD SAMPLE TAKEN?
 Yes 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

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	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	01:00	MVRD 145		171	0	
	05:00	MVRD 145		171	0	
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: _____ Instantaneous Intermediate Casing PSIG at end of test: >						

Comments: BHD BLEW DEAD AFTER 7 PAGES BHD LEFT OPEN AFTER TEST INT. LEFT OPEN

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: (505) 947-4600 _____

Signed: BELINDA MARTINEZ Title: DATA ENTRY TEMP Date: 5/6/2009

Witnessed By: _____ Title: _____ Agency: _____