

FORM 17

Rev 6/99

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES Document Number: 2213453

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: 05-071-08037-00 5. Multiple completion? Yes No 6. Well Name: Graff Number: 31-9R 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE,9,33S,67W,6 8. County LAS ANIMAS 9. Field Name: PURGATOIRE RIVER 10. Minerals: Fee State Federal Indian

11. Date of Test: 11/22/2010 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 (7), Tubing, Prod Csg (25), Intermediate, Surf. Csg (1)

BRADENHEAD TEST

Bradenhead test details including Buried valve, Confirmed open, gauges monitoring production, flow characteristics, sample taken, character of fluid, and Instantaneous Bradenhead PSIG at end of test: 0

INTERMEDIATE CASING TEST

Intermediate casing test details including Buried valve, Confirmed open, gauges monitoring production, flow characteristics, sample taken, character of fluid, and Instantaneous Intermediate Casing PSIG at end of test: >

Comments: Bradenhead bled down to zero.

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

Test Performed By: Travis Ridings Title: Floorhand Phone: (719) 846-7898

Signed: Travis Ridings Title: Floorhand Date: 11/22/2010

Witnessed By: _____ Title: _____ Agency: _____