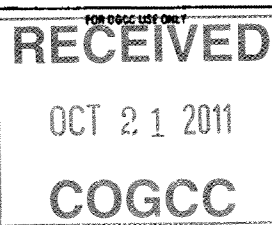




State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

**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 COGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since pilot program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: <u>66561</u>	3. BLM Lease No: <u>66918</u>	11. Date of Test: <u>10/19/2011</u>
2. Name of Operator: <u>OXY USA Inc.</u>	4. API Number: <u>05-077-09279-00</u>	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Well Name: <u>Hills Gulch Federal</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (Dir/Oil, Sec. Twp. Rng. Meridian): <u>SE NW 26 8S 92W 6PM</u>	8. County: <u>Mesa</u>	<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
9. Field Name: <u>Atkali Creek</u>	13. Number of Casing Strings: <u>2</u>	<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian	14. STEP 1: EXISTING PRESSURES	
Record all pressures as found	Tubing: <u>124</u> Fm:	Prod. Casing: <u>115</u> Fm:
	Intermediate Csg: <u>290</u>	Surface Casing: <u>290</u>
15. STEP 2: See instructions above.		

16. STEP 3: 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	Elapsed Time (Min:Sec)	Fm: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
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 <input type="checkbox"/> Other: (describe) _____ Sample cylinder number: _____	00:	<u>124</u>		<u>115</u>		<u>G</u>
	05:	<u>120</u>		<u>120</u>		<u>G</u>
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Bradenhead PSIG at end of test: <u>0</u>						

17. STEP 4: 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 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:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
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 <input type="checkbox"/> Other: (describe) _____ Sample cylinder number: _____	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Intermediate Casing PSIG at end of test: <u>></u>						
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: TAYLOR ARDANEY Title: PRODUCTION TECH Phone: 970-623-6932Signed: [Signature] Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____