



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: 100264 3. BLM Lease No: _____
 2. Name of Operator: XTO ENERGY INC
 4. API Number; 05-071-09441-00 5. Multiple completion? ☒ Yes ☐ No
 6. Well Name: HILL RANCH EAST Number: 23-10
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE,23,34S,67W,6
 8. County LAS ANIMAS 9. Field Name: PURGATOIRE RIVER
 10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 05/09/2013
 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>69</u>	Tubing: _____	Prod Csg <u>6</u>	Intermediate	Surf. Csg
	Fm: <u>RT-VJ</u>	Fm: _____	Fm: <u>RT-VJ</u>	Csg: _____	<u>0</u>

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:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	00:00	RT-VJ 69	<input type="checkbox"/>	<input type="checkbox"/> 6		O
	05:00	RT-VJ 69	<input type="checkbox"/>	<input type="checkbox"/> 6		O
	10:00	RT-VJ 69	<input type="checkbox"/>	<input type="checkbox"/> 6		O
	15:00	RT-VJ 69	<input type="checkbox"/>	<input type="checkbox"/> 6		O
	20:00	RT-VJ 69	<input type="checkbox"/>	<input type="checkbox"/> 6		O
	25:00	RT-VJ 69	<input type="checkbox"/>	<input type="checkbox"/> 6		O
	30:00	RT-VJ 69	<input type="checkbox"/>	<input type="checkbox"/> 6		O

Instantaneous Bradenhead PSIG at end of test: > 0

BRADENHEAD SAMPLE TAKEN?
☐ Yes ☒ No ☐ Gas ☐ Liquid
 Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
 Other:(describe) _____
 Sample cylinder number: _____

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:
		<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"/>	<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: > _____

INTERMEDIATE SAMPLE TAKEN?
☐ Yes ☐ No ☐ Gas ☐ Liquid
 Character of Intermediate fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
 Other:(describe) _____
 Sample cylinder number: _____

Comments:

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

Test Performed By: Joshua Julian Title: Artificial Lift Spec. Phone: (719) 845-2100

Signed: Malia Villers Title: Permitting Tech. Date: 5/10/2013

Witnessed By: _____ Title: _____ Agency: _____