

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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 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>10084</u>	3. BLM Lease No: <u>N/A</u>	11. Date of Test: <u>11/2/2011</u>
2. Name of Operator: <u>PIONEER RESOURCES</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: <u>05-071-09393</u>	6. Well Name: <u>Wally World</u> Number: <u>33-15</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (CtrQtr, Sec, Twp, Rng, Meridian): <u>NWSE Sec 15-34S-65W</u>	8. County: <u>Las Animas</u>	<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
9. Field Name: <u>MORGANTHAU RIVER</u>	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 type="checkbox"/> Liner?
14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing: <u>0</u> Fm: <u>PSI</u>	15. STEP 2: See instructions above.
Tubing: <u>0</u> Fm: <u>PSI</u>	Prod. Casing: <u>6</u> Fm: <u>PSI</u>	
Intermediate Csg: <u>0</u> Fm: <u>PSI</u>	Surface Casing: <u>0</u> Fm: <u>PSI</u>	

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 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: _____	Elapsed Time (Min:Sec) 00: <u>0</u> 05: <u>7</u> 10: <u>7</u> 15: <u>7</u> 20: <u>7</u> 25: <u>7</u> 30: <u>7</u>	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG <u>6</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u>	Intermediate Casing PSIG <u>0</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u>
Note instantaneous Bradenhead PSIG at end of test: >					

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 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: _____	Elapsed Time (Min:Sec) 00: <u>7723</u> 05: <u>8568</u> 10: <u>8568</u> 15: <u>8568</u> 20: <u>8568</u> 25: <u>8568</u> 30: <u>8568</u>	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG <u>7723</u> <u>8568</u> <u>8568</u> <u>8568</u> <u>8568</u> <u>8568</u>	Intermediate Casing PSIG <u>7723</u> <u>8568</u> <u>8568</u> <u>8568</u> <u>8568</u> <u>8568</u>
Note instantaneous Intermediate Casing PSIG at end of test: >					

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: Shane Giffis Title: Lease Operator 1 Phone: (719) 846-7898

Signed: Shane Giffis Title: _____ Date: 11-2-2011

WITNESSED BY: _____ Title: _____ Agency: _____