

State of Colorado
Oil and Gas Conservation Commission

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



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>	11. Date of Test: <u>11/27/11</u>
2. Name of Operator: <u>Pioneer Natural Resources</u>	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
3. BLM Lease No: <u>N/A</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
4. API Number: <u>05-011-08423</u>	<input type="checkbox"/> Clock/Intermittent
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Plunger Lift
6. Well Name: <u>Calloway</u>	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SW/NE Sec 13-32S-66W</u>	
8. County: <u>Las Animas</u>	
9. Field Name: <u>Hogadore River</u>	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	

STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: Fm: <u>Ø</u>	Tubing: Fm: <u>Ø</u>	Prod. Casing: Fm: <u>Ø</u>	Intermediate Csg: Fm: <u>Ø</u>	Surface Casing: Fm: <u>Ø</u>

16. STEP 2: See instructions above.

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		Elapsed Time (Min Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG
<p>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 = Whimper; S = Surge; G = Gas</p> <p>BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>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) _____</p> <p>Sample cylinder number: _____</p>		00:	<u>Ø</u>		<u>8</u>	<u>0</u>
		05:				
		10:				
		15:				
		20:				
		25:				
		30:				
Note instantaneous Bradenhead PSIG at end of test: >						

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		Elapsed Time (Min Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	
<p>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 = Whimper; S = Surge; G = Gas</p> <p>INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>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) _____</p> <p>Sample cylinder number: _____</p>		00:				2323	
		05:					2000
		10:					2545
		15:					
		20:					
		25:					
		30:					
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: Dorian E. Smith Title: Pumper Phone: 719-680-9524

Signed: B. E. Gitt Title: _____ Date: 11/27/11

WITNESSED BY: _____ Title: _____ Agency: _____