

State of Colorado  
Oil and Gas Conservation Commission

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FOR BGCC 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>11-12-2011</u>
2. Name of Operator: <u>Pioneer Natural Resources</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut in
4. API Number: <u>05-07107330</u>	Number: <u>42-20</u>	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
6. Well Name: <u>TDG</u>	7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SE 1/4 Sec 20-33S-65W</u>	<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
8. County: <u>Las Animas</u>	9. Field Name: <u>Purgatoire River</u>	13. Number of Casing Stungs: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		
14. STEP 1: EXISTING PRESSURES		
Record all pressures as found	Tubing: <u>Ø</u> Fm: <u>Ø</u>	Tubing: <u>Ø</u> Fm: <u>Ø</u>
	Prod. Casing: <u>1</u> Fm: <u>1</u>	Intermediate Csg: <u>Ø</u>
		Surface Casing: <u>0.5</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	Eleapsed Time (Min Sec)	Fm: <u>Ø</u> Tubing: <u>Ø</u>	Fm: <u>Ø</u> Tubing: <u>Ø</u>	Production Casing PSIG
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		00:	<u>Ø</u>	<u>Ø</u>	<u>1</u>
		05:			<u>0.5</u>
		10:			
		15:			
		20:			
		25:			
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:			
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) _____		Note instantaneous Bradenhead PSIG at end of test: >			
Sample cylinder number: _____					

17. STEP 4: INTERMEDIATE CASING TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Eleapsed Time (Min Sec)	Fm: <u>Ø</u> Tubing: <u>Ø</u>	Fm: <u>Ø</u> Tubing: <u>Ø</u>	Production Casing PSIG
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		00:			
		05:			
		10:			
		15:			
		20:			
		25:			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:			
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) _____		Note instantaneous Intermediate Casing PSIG at end of test: >			
Sample cylinder number: _____					
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: Gerald Duran Title: Lease Operator Phone: 575 447 1109Signed: Gerald D Title: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_