

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>100741</u>	3. BLM Lease No: <u>N/A</u>	11. Date of Test: <u>11-20-2011</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>05-071-6358</u>	Number: <u>3416</u>	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
6. Well Name: <u>Colorado</u>	7. Location (OtrQt, Sec, Twp, Rng, Meridian): <u>S4SE SEC 16-T33S-R65W</u>	<input type="checkbox"/> Clock/Intermittent
8. County: <u>Las Animas</u>	9. Field Name: <u>Purgatoire River</u>	<input type="checkbox"/> Plunger Lift
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 PSI</u> Fm: _____	Prod. Casing: <u>1 PSI</u> Fm: _____
	Tubing: _____ Fm: _____	Intermediate Casing: _____ Fm: _____
		Surface Casing: <u>0 PSI</u> Fm: _____
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: D = No Flow; C = Continuous; D = Down to 8; V = Vapor H = Water H2O; M = Mud; W = Whimper; 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)	Fm: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
00:					
05:	<u>0 PSI</u>		<u>1 PSI</u>		<u>0 PSI</u>
10:					
15:					
20:					
25:					
30:					
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: D = No Flow; C = Continuous; D = Down to 8; V = Vapor H = Water H2O; M = Mud; W = Whimper; 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)	Fm: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
00:					
05:					
10:					
15:					
20:					
25:					
30:					
Note instantaneous Intermediate Casing PSIG at end of test: >					
18. Comments: <u>Liquid Ring on well head</u>					

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 1109
Signed: Gerald D Title: _____ Date: _____
WITNESSED BY: _____ Title: _____ Agency: _____