

State of Colorado
Oil and Gas Conservation Commission

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FOR DECC 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>10524</u> | 3. BLM Lease No: <u>N/A</u> | 11. Date of Test: <u>1/28-11</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 type="checkbox"/> Flowing <input type="checkbox"/> Shut in |
| 4. API Number: <u>05-071-06983</u> | Number: <u>21-17</u> | <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection |
| 6. Well Name: <u>Cora</u> | 7. Location (Ctr/Qu, Sec, Twp, Rng, Meridian): <u>NE1/4 Sec. 19 T35S R65W</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 Strings: <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: Fm: <u>0</u> | Tubing: Fm: <u>0</u> | Prod. Casing: Fm: <u>0</u> | Intermediate Casing: <u>0</u> | Surface Casing: <u>0</u> |
|-------------------------------|----------------------|----------------------|----------------------------|-------------------------------|--------------------------|

15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST

Buried valve? ☐ Yes ☒ No Confirmed open? ☒ Yes ☐ 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 0; V = Vapor
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
☐ Other: (describe) _____

Sample cylinder number: _____

| Elapsed Time (Min Sec) | Fm. Tubing | Fm. Tubing | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow |
|------------------------|------------|------------|------------------------|--------------------------|-----------------|
| 00: | <u>0</u> | | <u>0</u> | | <u>0</u> |
| 05: | | | | | |
| 10: | | | | | |
| 15: | | | | | |
| 20: | | | | | |
| 25: | | | | | |
| 30: | | | | | |

Note instantaneous Bradenhead PSIG at end of test: >

17. STEP 4: INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ No Confirmed open? ☐ Yes ☐ 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 0; V = Vapor
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas

INTERMEDIATE SAMPLE TAKEN?
☐ Yes ☐ No ☐ Gas ☐ Liquid

Character of Intermediate fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black
☐ Other: (describe) _____

Sample cylinder number: _____

| Elapsed Time (Min Sec) | Fm. Tubing | Fm. Tubing | Production Casing PSIG | Intermediate Casing PSIG | Intermediate Flow |
|------------------------|------------|------------|------------------------|--------------------------|-------------------|
| 00: | | | | | 7103 |
| 05: | | | | | 1400 |
| 10: | | | | | 5000 |
| 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: Wes Walker Title: Pumper Phone: 846-7895

Signed: Wes Walker Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____