

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>	3. BLM Lease No: <u>N/A</u>
2. Name of Operator: <u>Pioneer Natural Resources</u>	11. Date of Test: <u>11/2/11</u>
4. API Number: <u>05-071-08954</u>	12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
6. Well Name: <u>PARONIS RUN</u>	<input type="checkbox"/> Clock/Intermittent
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>E 1/4 Sec 21-31 S-66 W</u>	<input type="checkbox"/> Plunger Lift
8. County: <u>Las Animas</u>	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
9. Field Name: <u>Purgatoire River</u>	
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: <input checked="" type="checkbox"/> Fm: <input checked="" type="checkbox"/>	Tubing: <input type="checkbox"/> Fm: <input type="checkbox"/>	Prod. Casing: <input checked="" type="checkbox"/> Fm: <input checked="" type="checkbox"/>	Intermediate Csg: <input type="checkbox"/>	Surface Casing: <input checked="" type="checkbox"/>
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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:
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?
☐ 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:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
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:
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?
☐ 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:					2521
05:					2545
10:					2568
15:					
20:					
25:					
30:					

Note instantaneous Intermediate Casing PSIG at end of test: >

18. Comments: WELL IS A STATUS-NO PRESSURE ON BRADENHEAD

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: Matt Dionisio Title: LEASE OPERATOR Phone: (719) 680-1293

Signed: M. Dionisio Title: _____ Date: 11/2/11

WITNESSED BY: _____ Title: _____ Agency: _____