

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 881, 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: 10084
 2. Name of Operator: Pioneer Natural Resources BLM Lease No: N/A
 4. API Number: 05-071-09258 5. Multiple completion? Yes No
 6. Well Name: Outcast Number: 13-23
 7. Location (Qtr/Sec, Twp, Rng, Meridian): NW1/4 Sec 35-38S-67W
 8. County: Las Animas 9. Field Name: Purgatoire River
 10. Minerals: Fee State Federal Indian

11. Date of Test: 11-29-11
 12. Well Status: Flowing Shut In
 Gas Lift Pumping Injection
 Clock/Intermittent
 Plunger Lift
 13. Number of Casing Strings:
 Two Three Liner?

14. STEP 1: EXISTING PRESSURES

| | | | | | |
|-------------------------------|----------------------|----------------------|----------------------------|--------------------------------|------------------------------|
| Record all pressures as found | Tubing: Fm: <u>0</u> | Tubing: Fm: <u>0</u> | Prod. Casing: Fm: <u>5</u> | Intermediate Cag: Fm: <u>0</u> | Surface Casing: Fm: <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

| Elapsed Time (Min Sec) | Fm: _____ | | Production Casing PSIG | Intermediate Casing PSIG | Bradenhead Flow |
|------------------------|-----------|--------|------------------------|--------------------------|-----------------|
| | Tubing | Tubing | | | |
| 00: | <u>0</u> | | <u>5</u> | | <u>0</u> |
| 05: | | | | | |
| 10: | | | | | |
| 15: | | | | | |
| 20: | | | | | |
| 25: | | | | | |
| 30: | | | | | |

BRADENHEAD SAMPLE TAKEN?
 Yes No Gas Liquid

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

Sample cylinder number: _____

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

| Elapsed Time (Min Sec) | Fm: _____ | | Production Casing PSIG | Intermediate Casing PSIG | Intermediate Flow |
|------------------------|-----------|--------|------------------------|--------------------------|-------------------|
| | Tubing | Tubing | | | |
| 00: | | | | | |
| 05: | | | | | |
| 10: | | | | | |
| 15: | | | | | |
| 20: | | | | | |
| 25: | | | | | |
| 30: | | | | | |

INTERMEDIATE SAMPLE TAKEN?
 Yes No Gas Liquid

Character of intermediate fluid: Clear Fresh
 Sulfur Salty Black
 Other: (describe)

Sample cylinder number: _____

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: Joey Landini Title: Lease Operator Phone: 846-7898
 Signed: [Signature] Title: _____ Date: 11-29-11
 WITNESSED BY: _____ Title: _____ Agency: _____