

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>		11. Date of Test: <u>11-30-11</u>	
2. Name of Operator: <u>Pioneer Natural Resources</u>		12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut in	
4. API Number: <u>05-011-07477</u>		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Clock/Intermittent	
6. Well Name: <u>WACHSMA CASH 1C</u>		<input type="checkbox"/> Plunger Lift	
7. Location (Ct, Qtr, Sec, Twp, Rng, Meridian): <u>NWNE 20, 32S, W1W</u>		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
8. County: <u>Los Alamos</u>		15. STEP 2: See instructions above.	
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: Fm: <u>Ø</u>	Tubing: Fm: <u>Ø</u>	Prod. Casing: Fm: <u>13</u>
			Intermediate Cag: <u>Ø</u>
			Surface Casing: <u>1</u>

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: O = 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: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
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: _____	00:	<u>Ø</u>	<u>Ø</u>	<u>13</u>		<u>1</u>
	05:	<u>Ø</u>	<u>Ø</u>	<u>13</u>		<u>B</u>
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Bradenhead PSIG at end of test: >						

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: O = 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: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
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: _____	00:					2323
	05:					2340
	10:					2348
	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: SKY MORRIS Title: PLUMIXC Phone: 719-859-4049

Signed: _____ Title: _____ Date: _____

WITNESSED BY: _____ Title: _____ Agency: _____