

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: 10084		11. Date of Test: 10-8-15	
2. Name of Operator: Pioneer Natural Resources		3. BLM Lease No:	
4. API Number: 25-071-08501	5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
6. Well Name: Lorencito	Number: 10-36-33-67	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (Dir, Qtr, Sec, Twp, Rng, Meridian): NWSE 36 33S 67W		<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
8. County: Las Animas	9. Field Name: Purgatorio River	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: <input checked="" type="checkbox"/> Fm: <input checked="" type="checkbox"/>	Prod. Casing: <input checked="" type="checkbox"/> Fm: 2	Intermediate Csg: <input checked="" type="checkbox"/> Surface Casing: <input checked="" type="checkbox"/>
		15. STEP 2: See instructions above.	

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		Elapsed Time (Min Sec)	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG
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 B; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00:	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>
		05:			
		10:			
		15:			
		20:			
		25:			
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:			
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) _____		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		Elapsed Time (Min Sec)	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG
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 B; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00:			
		05:			
		10:			
		15:			
		20:			
		25:			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:			
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) _____		Note instantaneous Intermediate Casing PSIG at end of test: >			

18. Comments: NO Flow on Braden Head

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: Bryan Maguire Title: _____ Phone: 719-859-0514

Signed: Bryan Maguire Title: _____ Date: 10-8-15

WITNESSED BY: _____ Title: _____ Agency: _____