

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		12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
3. BLM Lease No:		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
4. API Number: 5-9-34-66		<input type="checkbox"/> Clock/Intermittent	
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Plunger Lift	
6. Well Name: Laramie		13. Number of Casing Strings:	
7. Location (Twp, Sec, Rng, Meridian): 56 NW 9 34 S 66 W		<input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
8. County: Las Animas		14. STEP 1: EXISTING PRESSURES	
9. Field Name: Puratoire River		15. STEP 2: See instructions above.	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian			

Record all pressures as found	Tubing: <input checked="" type="checkbox"/> Fm:	Tubing: <input type="checkbox"/> Fm:	Prod. Casing: <input checked="" type="checkbox"/> Fm:	Intermediate Cag: <input type="checkbox"/> Fm:	Surface Casing: <input checked="" type="checkbox"/> Fm:
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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: D = No Flow; C = Continuous; D = Down to B; 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
	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
	30:					
Note instantaneous Bradenhead PSIG at end of test. >						

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:	

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: D = No Flow; C = Continuous; D = Down to B; 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
	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
	30:					
Note instantaneous Intermediate Casing PSIG at end of test. >						

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:	

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: Ernest Margina Title: _____ Phone: 719-859-0514

Signed: Ernest Margina Title: _____ Date: 10-8-15

WITNESSED BY: _____ Title: _____ Agency: _____