



State of Colorado
Oil and Gas Conservation Commission

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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	3. BLM Lease No:	11. Date of Test: 10-5-15
2. Name of Operator: Pioneer Natural Resources USA INC	4. API Number: 05-071-009823-0000	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Well Name: ARGON 10 Number: 43-31	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (Qtr, Sec, Twp, Rng, Meridian): NESE 31 33S 65W	8. County: Garfield	<input type="checkbox"/> Cased/Intermediate <input type="checkbox"/> Plunger Lift
9. Field Name: Purgatoire River	10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Lines?

STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: <input checked="" type="checkbox"/>	Tubing: <input type="checkbox"/>	Prod Casing: 3	Intermediate Csg: <input type="checkbox"/>	Surface Casing: <input checked="" type="checkbox"/>
Fm:	Fm:	Fm:	Fm:	Fm:	Fm:

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	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 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00	<input checked="" type="checkbox"/>		3	0
		05				
		10				
		15				
		20				
		25				
		30				
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Note instantaneous Bradenhead PSIG at end of test: >				
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	Elapsed Time (Min Sec)	Fm Tubing	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 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00				
		05				
		10				
		15				
		20				
		25				
		30				
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		Note instantaneous Intermediate Casing PSIG at end of test: >				
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:						
16. Comments: no flow 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: Brian Morgan Title: _____ Phone: 719-858-0514

Signed: Brian Morgan Title: _____ Date: 10-5-15

WITNESSED BY: _____ Title: _____ Agency: _____