



State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR BGCC 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: 10-5-15
2. Name of Operator: Pioneer Natural Resources USA INC	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: 05-071-08699-0003. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Clock/Intermittent
5. Well Name: Vosh I Number: 14-30	<input type="checkbox"/> Plunger Lift
6. Location (Ctr Qtr, Sec, Twp, Rng, Meridian): SWSW 30 33S 65W	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
7. County: Las Animas	
8. Field Name: Purgatoire River	
9. 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"/>	Tubing: <input type="checkbox"/> Fm: <input type="checkbox"/>	Prod. Casing: <input type="checkbox"/> Fm: 1	Intermediate Cag: <input type="checkbox"/>	Surface Casing: <input checked="" type="checkbox"/>

15. STEP 2: See instructions above.

16. 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	Bradenhead Flow
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 = Whimper; S = Surge; G = Gas	00	<input checked="" type="checkbox"/>		1		<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						
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:						
Note instantaneous Bradenhead PSIG at end of test. >						

17. 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	Intermediate Flow
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 = Whimper; 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						
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:						
Note instantaneous Intermediate Casing PSIG at end of test. >						
18. Comments: No pressure 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: Brian Margolin Title: _____ Phone: 719-859-0514

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

WITNESSED BY: _____ Title: _____ Agency: _____