

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	5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: 05-071-0643-000	6. Well Name: Primera	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (City, Sec, Twp, Rng, Meridian): SENEW 30-335 6SW	8. County: Las Animas	<input type="checkbox"/> Clock/Intermittent <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"/> Liner?

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: <input type="checkbox"/>	Intermediate Casing: <input type="checkbox"/> Fm: <input type="checkbox"/>

15. STEP 2: See instructions above

STEP 3: BRADENHEAD TEST					
16. 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"/>		1	<input checked="" type="checkbox"/>
	05				
	10				
	15				
	20				
	25				
30					
Note instantaneous Bradenhead PSIG at end of test: >					

STEP 4: INTERMEDIATE CASING TEST					
17. 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					
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: Bruce M. Mays Title: _____ Phone: 719-859-0514
Signed: Bruce M. Mays Title: _____ Date: 10-5-15
WITNESSED BY: _____ Title: _____ Agency: _____