

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: 10-13-15	
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: 25-071-08499-0000		<input type="checkbox"/> Clock/Intermittent	
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Plunger Lift	
6. Well Name: LORENC-40		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE 29 34S 66W			
8. County: Las Animas			
9. Field Name: Purgatoire River			
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"/>	Tubing: <input type="checkbox"/> Fm: <input type="checkbox"/>	Prod. Casing: <input type="checkbox"/> Fm: <input type="checkbox"/>
			Intermediate Csg: <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)	
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:		Fm: <input type="checkbox"/> Tubing: <input type="checkbox"/>		Fm: <input type="checkbox"/> Tubing: <input type="checkbox"/>	
O = No Flow; C = Continuous; D = Down to 0; V = Vapor				Production Casing PSIG	
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas				Intermediate Casing PSIG	
BRADENHEAD SAMPLE TAKEN?				Bradenhead Flow:	
<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)	
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:		Fm: <input type="checkbox"/> Tubing: <input type="checkbox"/>		Fm: <input type="checkbox"/> Tubing: <input type="checkbox"/>	
O = No Flow; C = Continuous; D = Down to 0; V = Vapor				Production Casing PSIG	
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas				Intermediate Casing PSIG	
INTERMEDIATE SAMPLE TAKEN?				Intermediate Flow:	
<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 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: Griffin Mangano Title: _____ Phone: 719-889-0814Signed: Griffin Mangano Title: _____ Date: 10-13-15

WITNESSED BY: _____ Title: _____ Agency: _____