

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		11. Date of Test: 10-15-15	
2. Name of Operator: Pioneer Natural Resources		3. BLM Lease No:	
4. API Number: 25-071-07828-000		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Well Name: K. L. Morgan		Number: 31-32 TR	
7. Location (Qtr, Sec, Twp, Rng, Meridian): 14WNE 32 33S 66W		9. Field Name: Purgatoire River	
8. County: Logan, Mas		10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	
12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
14. STEP 1: EXISTING PRESSURES		15. STEP 2: See instructions above.	
Record all pressures as found	Tubing: 10 Fm:	Tubing: Fm:	Prod. Casing: 5 Fm:
			Intermediate Csg: Fm:
			Surface Casing: 0 Fm:

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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas 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: _____	Elapsed Time (Min:Sec) 00: <input checked="" type="checkbox"/> 0 05: 10: 15: 20: 25: 30:	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG 5 _____ _____ _____ _____ _____ _____	Intermediate Casing PSIG _____ _____ _____ _____ _____ _____
Note instantaneous Bradenhead PSIG at end of test: >					

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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas 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: _____	Elapsed Time (Min:Sec) 00: 05: 10: 15: 20: 25: 30:	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG _____ _____ _____ _____ _____ _____	Intermediate Casing PSIG _____ _____ _____ _____ _____ _____
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: Bryan Morgan Title: _____ Phone: 719-889-0514
 Signed: Bryan Morgan Title: _____ Date: 10-15-15
 WITNESSED BY: _____ Title: _____ Agency: _____