

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: 10-20-15  |
| 2. Name of Operator: Pioneer Natural Resources   | 5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In         |
| 4. API Number: 25-071-06824-0000   | 6. Well Name: Weasel  | <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection |
| 7. Location (Qtr, Sec, Twp, Rng, Meridian): SWNE 5 35S 65W   | 8. County: Las Animas   | <input type="checkbox"/> Clock/Intermittent   |
| 9. Field Name: Purgatoire River  | 10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian | <input type="checkbox"/> Plunger Lift   |
| 13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner? | 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 |
| 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:<br>O = No Flow; C = Continuous; D = Down to 0; V = Vapor<br>H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas |   | 00:                    | 00:         | 00:         | 00:                    |
| BRADENHEAD SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid   |   | 05:                    | 05:         | 05:         | 05:                    |
| Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br><input type="checkbox"/> Other: (describe)  |   | 10:                    | 10:         | 10:         | 10:                    |
| Sample cylinder number:  |   | 15:                    | 15:         | 15:         | 15:                    |
|  |   | 20:                    | 20:         | 20:         | 20:                    |
|  |   | 25:                    | 25:         | 25:         | 25:                    |
|  |   | 30:                    | 30:         | 30:         | 30:                    |
| 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 |
| 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:<br>O = No Flow; C = Continuous; D = Down to 0; V = Vapor<br>H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas |  | 00:                    | 00:         | 00:         | 00:                    |
| INTERMEDIATE SAMPLE TAKEN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid  |  | 05:                    | 05:         | 05:         | 05:                    |
| Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh<br><input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black<br><input type="checkbox"/> Other: (describe)  |  | 10:                    | 10:         | 10:         | 10:                    |
| Sample cylinder number:  |  | 15:                    | 15:         | 15:         | 15:                    |
|  |  | 20:                    | 20:         | 20:         | 20:                    |
|  |  | 25:                    | 25:         | 25:         | 25:                    |
|  |  | 30:                    | 30:         | 30:         | 30:                    |
| Note instantaneous Intermediate Casing PSIG at end of test: >  |  |                        |             |             |                        |

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| 18. Comments: No flow on Bradenhead |
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## 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: Christopher Morgan Title: \_\_\_\_\_ Phone: 719-839-0514Signed: Christopher Morgan Title: \_\_\_\_\_ Date: 10-20-15

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_