

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 flow, if intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.
Step 3. Complete Bradenhead test.
Step 4. Complete Intermediate casing test.
Step 5. Send report to OGCC 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: 8-15-17	
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: 05-091-04274		6. Well Name: Celeste		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
7. Location (Ctqr, Sec, Twp, Rng, Meridian): NENE 11 33S 66W		8. County: Las Animas		<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
9. Field Name:		10. Minerals: <input 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?	
14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: <input checked="" type="checkbox"/> Fm:	Prod. Casing: 3 Fm:	Intermediate Csg: N/A	Surface Casing: <input checked="" type="checkbox"/>	15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST							
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input checked="" 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:		Ø	3	N/A	Ø
		05:		Ø	3	N/A	Ø
		10:		Ø	3	N/A	Ø
		15:		Ø	3	N/A	Ø
		20:		Ø	3	N/A	Ø
		25:		Ø	3	N/A	Ø
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30:		Ø	3	N/A	Ø
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)		Note instantaneous Bradenhead PSIG at end of test: >					

17. STEP 4: INTERMEDIATE CASING TEST N/A							
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input checked="" 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		30:					
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)		Note instantaneous Intermediate Casing PSIG at end of test: >					

18. Comments:

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: Keith Mantelli Title: Kaustabout Phone: 719 859-3663
Signed: Keith E. Mantelli Title: Date: 8-15-17
WITNESSED BY: _____ Title: _____ Agency: _____