


<div>FORM 17</div> <div>Rev 6/99</div>	<div>State of Colorado</div> <div>Energy &amp; Carbon Management Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</div>		<div></div>		<div>DE</div> <div>ET</div> <div>OE</div> <div>ES</div>
				<div>Document Number:</div> <div>2448072</div>	

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 3 days and to ECMC 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. ECMC Operator Number: 10084

2. Name of Operator: PIONEER NATURAL RESOURCES USA INC

4. API Number; 05-071-06391-00

6. Well Name: PCW

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE,8,34S,65W,6

8. County LAS ANIMAS

10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

3. BLM Lease No:

5. Multiple completion? ☐ Yes ☐ No

Number: 44-8

9. Field Name: PURGATOIRE RIVER

11. Date of Test: 11/06/2011

12. Well Status: ☐ Flowing ☐ Shut In ☐ Gas Lift ☒ Pumping ☐ Injection ☐ Clock/Intermitter ☐ Plunger Lift

13. Number of Casing Strings: ☒ Two ☐ Three ☐ Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: 60 Fm:	Tubing: Fm:	Prod Csg 5 Fm:	Intermediate Csg:	Surf. Csg 0
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BRADENHEAD TEST

Buried valve? ☐ Yes ☒ No

Confirmed open? ☐ Yes ☒ 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?  
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number:

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/> 60	<input type="checkbox"/>	<input type="checkbox"/> 5		NO FLOW
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ No

Confirmed open? ☐ Yes ☐ No

With gauges monitoring production, intermediate 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?  
☐ Yes ☐ No ☐ Gas ☐ Liquid

Character of Intermediate fluid: ☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number:

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instantaneous Intermediate Casing PSIG at end of test: >

Date Run: 7/1/2024 Doc [#2448072]

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Comments: HAS NO BRADENHEAD

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: RON ZAMORS Title: LEASE OPERATOR Phone: ( ) 846-7898

Signed: RON ZAMORS Title: LEASE OPERATOR Date: 11/6/2011

Witnessed By: Title: Agency: