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# State of Colorado Oil and Gas Conservation Commission

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## 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 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: 100264 3. BLM Lease No: \_\_\_\_\_  
2. Name of Operator: XTO ENERGY INC  
4. API Number; 05-071-09277-00 5. Multiple completion? ☒ Yes ☐ No  
6. Well Name: APACHE CANYON Number: 31-14  
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW,31,33S,67W,6  
8. County LAS ANIMAS 9. Field Name: PURGATOIRE RIVER  
10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 04/28/2013

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: 50 Fm: RT-VJ	Tubing: _____ Fm: _____	Prod Csg -8 Fm: RT-VJ	Intermediate Csg: _____	Surf. Csg 0
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### BRADENHEAD TEST

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	RT-VJ 50	<input type="checkbox"/>	<input type="checkbox"/> -8		O
05:00	RT-VJ 50	<input type="checkbox"/>	<input type="checkbox"/> -8		O
10:00	RT-VJ 50	<input type="checkbox"/>	<input type="checkbox"/> -8		O
15:00	RT-VJ 50	<input type="checkbox"/>	<input type="checkbox"/> -8		O
20:00	RT-VJ 50	<input type="checkbox"/>	<input type="checkbox"/> -8		O
25:00	RT-VJ 50	<input type="checkbox"/>	<input type="checkbox"/> -8		O
30:00	RT-VJ 50	<input type="checkbox"/>	<input type="checkbox"/> -8		O

Instantaneous Bradenhead PSIG at end of test: > 0

### INTERMEDIATE CASING TEST

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"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instantaneous Intermediate Casing PSIG at end of test: >

Comments:

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

Test Performed By: Max Martinez Title: Area Lead Phone: (719) 845-2100

Signed: Malia Villers Title: Permitting Tech. Date: 4/30/2013

Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_