

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 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: <u>10084</u>	3. BLM Lease No: <u>N/A</u>
2. Name of Operator: <u>PIONEER RESOURCES</u>	11. Date of Test: <u>10-22-11</u>
4. API Number: <u>05-071-09218</u>	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
6. Well Name: <u>ANNA</u>	<input type="checkbox"/> Clock/Intermittent
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>SW/NE SEC 30-33S-65W</u>	<input type="checkbox"/> Plunger Lift
8. County: <u>SAN JUAN</u>	13. Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
9. Field Name: <u>PURGATORIO RIVER</u>	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	

STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: Fm: <u>20</u>	Tubing: Fm:	Prod. Casing: Fm: <u>5</u>	Intermediate Csg: Fm:	Surface Casing: Fm: <u>Ø</u>

15. STEP 2: See instructions above.

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: <u>20</u>	Fm: Tubing:	Production Casing PSIG: <u>5</u>	Intermediate Casing PSIG: <u>Ø</u>
<p>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:</p> <p>O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas</p>		00:				
		05:				
		10:				
		15:				
		20:				
		25:				
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: _____		30:				
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	Elapsed Time (Min Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG
<p>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:</p> <p>O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whimper; S = Surge; G = Gas</p>		00:				
		05:				
		10:				
		15:				
		20:				
		25:				
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: _____		30:				
Note instantaneous Intermediate Casing PSIG at end of test: >						
18. Comments: <u>good!</u>						

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: Charles G. Auti Title: Lease Dept II Phone: (719) 846-7898

Signed: [Signature] Title: _____ Date: 10-22-11

WITNESSED BY: _____ Title: _____ Agency: _____