

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 Natural Resources</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. API Number: <u>05-071-6310</u>	6. Well Name: <u>Barc</u> Number: <u>1311</u>
7. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NW1SW Sec 16 T35S R6W</u>	9. Field Name: <u>Purgatoire River</u>
8. County: <u>Las Animas</u>	10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian
11. Date of Test: <u>11/24/11</u>	
12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	

STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: Fm: <u>0</u>	Tubing: Fm: <u>0</u>	Prod. Casing: Fm: <u>.92</u>	Intermediate Casing: Fm: <u>0</u>	Surface Casing: Fm: <u>0</u>
16. 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: <u>0</u>	Fm: <u>0</u>	Production Casing PSIG	Intermediate Casing PSIG
<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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p> <p>BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>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) _____</p> <p>Sample cylinder number: _____</p>		00:			<u>.92</u>	<u>0</u>
		05:				
		10:				
		15:				
		20:				
		25:				
		30:				
Note instantaneous Bradenhead PSIG at end of test: >						

STEP 4: INTERMEDIATE CASING TEST						
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: <u>0</u>	Fm: <u>0</u>	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: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p> <p>INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>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) _____</p> <p>Sample cylinder number: _____</p>		00:				
		05:				
		10:				
		15:				
		20:				
		25:				
		30:				
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: John Gonzalez Title: Lead G-4 Phone: 846-7848

Signed: [Signature] Title: _____ Date: 11/24/11

WITNESSED BY: _____ Title: _____ Agency: _____