

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 row, 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>	11. Date of Test: <u>10-31-11</u>
2. Name of Operator: <u>Pioneer Natural Resources</u>	4. API Number: <u>05-071-6424</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	6. Well Name: <u>Kalmeck</u>	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (Ctr, Sec, Twp, Rng, Meridian): <u>SWINE Sec 9-38S-65W</u>	8. County: <u>Las Animas</u>	<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
9. Field Name: <u>Paragard River</u>	10. Minerals: <input checked="" 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: Fm: <u>16.19</u>	Tubing: Fm: <u>3.88</u>
	Prod. Casing: Fm: <u>3.88</u>	Intermediate Casing: Fm: <u>0</u>
	Surface Casing: Fm: <u>0</u>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <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: _____	Elapsed Time (Min Sec) 00: <u>16.19</u> 05: _____ 10: _____ 15: _____ 20: _____ 25: _____ 30: _____	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG <u>3.88</u>	Intermediate Casing PSIG <u>0</u>
Note instantaneous Bradenhead PSIG at end of test: >					

17. 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 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 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: _____	Elapsed Time (Min Sec) 00: _____ 05: _____ 10: _____ 15: _____ 20: _____ 25: _____ 30: _____	Fm: _____ Tubing: _____	Fm: _____ Tubing: _____	Production Casing PSIG _____	Intermediate Casing PSIG _____
Note instantaneous Intermediate Casing PSIG at end of test: >					

18. Comments: <u>PC Pump</u> <u>2" VSW</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: Reid James Title: L.O. 161 Phone: 719-946-7898
 Signed: [Signature] Title: L.O. 161 Date: 10-31-11
 WITNESSED BY: _____ Title: _____ Agency: _____