

State of Colorado
Oil and Gas Conservation Commission

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FOR DECC 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.

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| 1. OGCC Operator Number: <u>10084</u> | 11. Date of Test: <u>10-30-11</u> |
| 2. Name of Operator: <u>Pioneer Natural Resources</u> BLM Lease No: <u>NIA</u> | 12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut in |
| 4. API Number: <u>05-071-6422</u> 5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection |
| 6. Well Name: <u>LARRY LIZARD</u> Number: <u>11-4</u> | <input type="checkbox"/> Clock/Intermittent |
| 7. Location (Ctr, Sec, Twp, Rng, Meridian): <u>N10W10N Sec 4-33S-65W</u> | <input type="checkbox"/> Plunger Lift |
| 8. County: <u>Las Animas</u> 9. Field Name: <u>Purgatoire River</u> | 13. Number of Casing Strings: |
| 10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian | <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner? |
| 14. STEP 1: EXISTING PRESSURES | |
| Record all pressures as found | Tubing: <u>0</u> Fm: <u>0</u> |
| Tubing: <u>0</u> Fm: <u>0</u> | Prod. Casing: <u>0.65</u> Fm: <u>0</u> |
| Intermediate Casing: <u>0</u> | Surface Casing: <u>0</u> |
| 15. STEP 2: See instructions above. | |

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| 16. 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 |
| 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 = Whimper; S = Surge; G = Gas | 00: | <u>0</u> | <u>0</u> | <u>0.65</u> | <u>0</u> |
| | 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 | 30: | | | | |
| 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) | Note instantaneous Bradenhead PSIG at end of test: > | | | | |
| Sample cylinder number: | | | | | |

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| 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 | Elapsed Time (Min Sec) | Fm: <u>0</u> | Fm: <u>0</u> | Production Casing PSIG | Intermediate Casing PSIG |
| 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 = Whimper; S = Surge; G = Gas | 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 | 30: | | | | |
| 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) | Note instantaneous Intermediate Casing PSIG at end of test: > | | | | |
| Sample cylinder number: | | | | | |

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| 18. Comments: <u>PC pump</u> <u>1" valve</u> |
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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: LD. 101 Phone: _____
Signed: [Signature] Title: LD. 101 Date: 10-30-11
WITNESSED BY: _____ Title: _____ Agency: _____