

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>	11. Date of Test: <u>11-16-11</u>
2. Name of Operator: <u>Pioneer Natural Resources</u>	4. API Number: <u>05-071-6893</u>	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
5. Well Name: <u>Tennis</u>	6. Completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (Ctr/Ctr, Sec, Twp, Rng, Meridian): <u>SWINE Sec 12-33S-67W</u>	8. Number: <u>7-12-33-67</u>	<input type="checkbox"/> Clock/Intermittent
9. County: <u>Las Animas</u>	10. Field Name: <u>Purgatoire River</u>	<input type="checkbox"/> Plunger Lift
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: <u>Ø</u> Fm: <u>Ø</u>	Prod. Casing: <u>8</u> Fm: <u>8</u>
	Intermediate Cag: <u>Ø</u>	Surface Casing: <u>Ø</u>
15. STEP 2: See instructions above.		

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					
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) Fm: _____ Fm: _____ Production Casing PSIG Intermediate Casing PSIG Bradenhead Flow					
00: <u>Ø</u> <u>8</u> <u>Ø</u>					
05: _____					
10: _____					
15: _____					
20: _____					
25: _____					
30: _____					
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) Fm: _____ Fm: _____ Production Casing PSIG Intermediate Casing PSIG Intermediate Flow					
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: Jerry Zanolini Title: Lease Operator Phone: 846-7898

Signed: [Signature] Title: _____ Date: 11-16-11

WITNESSED BY: _____ Title: _____ Agency: _____