

FORM
17Rev
6/99

State of Colorado Oil and Gas Conservation Commission

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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 3 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: 100264 3. BLM Lease No: _____
2. Name of Operator: XTO ENERGY INC
4. API Number; 05-067-05707-00 5. Multiple completion? ☐ Yes ☒ No
6. Well Name: EARL JACK Number: 1
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW,6,32N,6W,N
8. County LA PLATA 9. Field Name: IGNACIO BLANCO
10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 06/17/2015

12. Well Status: ☐ Flowing
☐ Shut In ☐ Gas Lift
☐ Pumping ☐ Injection
☐ Clock/Intermitter
☒ Plunger Lift

13. Number of Casing Strings:
☐ Two ☒ Three ☐ Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: _____ Fm: _____	Tubing: 93 Fm: MVRD	Prod Csg 104 Fm: MVRD	Intermediate Csg: 34	Surf. Csg 12
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BRADENHEAD TEST

Buried valve? ☐ Yes ☒ NoConfirmed open? ☒ Yes ☐ 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?

☐ Yes ☒ No ☐ Gas ☐ Liquid
Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number:

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	MVRD 93	<input type="checkbox"/> 104	34	D
05:00	<input type="checkbox"/>	MVRD 93	<input type="checkbox"/> 104	34	O
10:00	<input type="checkbox"/>	MVRD 96	<input type="checkbox"/> 104	34	O
15:00	<input type="checkbox"/>	MVRD 97	<input type="checkbox"/> 104	34	O
20:00	<input type="checkbox"/>	MVRD 97	<input type="checkbox"/> 106	34	O
25:00	<input type="checkbox"/>	MVRD 99	<input type="checkbox"/> 108	34	O
30:00	<input type="checkbox"/>	MVRD 99	<input type="checkbox"/> 108	34	O

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☒ NoConfirmed open? ☒ Yes ☐ No

With gauges monitoring production, intermediate 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?

☐ Yes ☒ No ☐ Gas ☐ Liquid
Character of Intermediate fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number:

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/>	MVRD 99	<input type="checkbox"/> 108	34	D
05:00	<input type="checkbox"/>	MVRD 99	<input type="checkbox"/> 109	0	O
10:00	<input type="checkbox"/>	MVRD 54	<input type="checkbox"/> 102	0	O
15:00	<input type="checkbox"/>	MVRD 54	<input type="checkbox"/> 102	0	O
20:00	<input type="checkbox"/>	MVRD 53	<input type="checkbox"/> 101	0	O
25:00	<input type="checkbox"/>	MVRD 53	<input type="checkbox"/> 101	0	O
30:00	<input type="checkbox"/>	MVRD 53	<input type="checkbox"/> 99	0	O

Instantaneous Intermediate Casing PSIG at end of test: > 0

Comments:

Blow down BH & Int. through a 2" valve at 10 min. mark production valve opened for plunger to run.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: Leroy Sanchez Title: Lease Operator Phone: (970) 749-3895

Signed: Rhonda Smith Title: Regulatory Clerk Date: 6/23/2015

Witnessed By: _____ Title: _____ Agency: _____