

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: 10084		11. Date of Test: 10-5-15	
2. Name of Operator: Pioneer Natural Resources USA INC		3. BLM Lease No:	
4. API Number: 05-071-06426-0000		5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Well Name: Timberline		7. Location (Qtr, Sec, Twp, Rng, Meridian): NE NW 28 33S 65W	
8. County: Las Animas		9. Field Name: Murgotape River	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input 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?		14. STEP 1: EXISTING PRESSURES	
Record all pressures as found	Tubing: <input checked="" type="checkbox"/> Fm:	Tubing: <input type="checkbox"/> Fm:	Prod. Casing: <input type="checkbox"/> Fm: 2 Intermediate Csg: <input type="checkbox"/> Surface Casing: <input checked="" type="checkbox"/>
15. 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 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: D = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whelpar; 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 05 10 15 20 25 30	Fm: <input type="checkbox"/> Tubing Fm: <input type="checkbox"/> Tubing	Production Casing PSIG 2	Intermediate Casing PSIG	Bradenhead Flow 0
Note instantaneous Bradenhead PSIG at end of test: >					

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: D = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whelpar; 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: <input type="checkbox"/> Tubing Fm: <input type="checkbox"/> Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
Note instantaneous Intermediate Casing PSIG at end of test: >					

18. Comments: No Pressure on Braden Head
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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: Bryan Maguire Title: _____ Phone: 719-859-0514
 Signed: Bryan Maguire Title: _____ Date: 10-5-15
 WITNESSED BY: _____ Title: _____ Agency: _____