

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	12. Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In
3. BLM Lease No:	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection
4. API Number: 05-071-06512-0003 Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Clock/Intermittent
5. Well Name: Purgatoire Number: 43-30	<input type="checkbox"/> Plunger Lift
6. Location (Dir/Oir, Sec, Twp, Rng, Meridian): NESE 30 33S 65W	13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?
7. County: Las Animas	
8. Field Name: Purgatoire River	
9. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	
14. STEP 1: EXISTING PRESSURES	
Record all pressures as found	15. STEP 2: See instructions above
Tubing: <input checked="" type="checkbox"/> Fm	
Tubing: <input type="checkbox"/> Fm	
Prod Casing: <input checked="" type="checkbox"/> Fm	
Intermediate Csg: <input type="checkbox"/> Fm	
Surface Casing: <input checked="" type="checkbox"/> Fm	

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 Tubing	Fm Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
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 = Whistle; S = Surge; G = Gas	00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	05					
	10					
	15					
	20					
	25					
30						
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:						
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	Elapsed Time (Min Sec)	Fm Tubing	Fm Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
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 = Whistle; S = Surge; G = Gas	00					
	05					
	10					
	15					
	20					
	25					
30						
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:						
Note instantaneous Intermediate Casing PSIG at end of test. >						
18. Comments: Braden head Post 1055 then a second						

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 Morgan Title: \_\_\_\_\_ Phone: 719-859-0514Signed: Bryan Morgan Title: \_\_\_\_\_ Date: 10-5-15

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_