

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

2. Name of Operator: Pioneer Natural Resources

3. BLM Lease No:

4. API Number: 05-071-07714-0000

5. Multiple completion? ☐ Yes ☒ No

6. Well Name: Leroy

Number: 33-3

7. Location (Qtr, Sec, Twp, Rng, Meridian): NWSE 3 33S 66W

8. County: Les Arbores

9. Field Name: Purgatoire River

10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 10-28-15

12. Well Status: ☒ Flowing ☐ Shut In
☐ Gas Lift ☐ Pumping ☐ Injection
☐ Clock/Intermittent
☐ Plunger Lift13. Number of Casing Strings:
☒ Two ☐ Three ☐ Liner?

STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: Fm: N/A	Tubing: Fm:	Prod. Casing: Fm: 30	Intermediate Csg: Fm:	Surface Casing: Fm: 5
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15.

STEP 2: See instructions above.

STEP 3: BRADENHEAD TEST

Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
00:	N/A		30		00
05:					
10:					
15:					
20:					
25:					
30:					

Note instantaneous Bradenhead PSIG at end of test: >

STEP 4: INTERMEDIATE CASING TEST

Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	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: Bradenhead Pool for a second. No Tubing line to test

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 Mungo Title: Phone: 719-859-0514

Signed: Bryan Mungo Title: Date: 10-28-15

WITNESSED BY: Title: Agency: