

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: 10-26-15	
2. Name of Operator: Pioneer Natural Resources		12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In	
3. BLM Lease No:		<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection	
4. API Number: 05-071-07592-0000		<input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
6. Well Name: Crazy Woman		14. STEP 1: EXISTING PRESSURES	
7. Location (Qtr, Sec, Twp, Rng, Meridian): SWNE 27-33S 67W		Record all pressures as found	
8. County: Las Animas		Tubing: 0	
9. Field Name: Purgatoire River		Tubing: 4	
10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		Prod. Casing: 4	
		Intermediate Csg: 0	
		Surface Casing: 0	
		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:					
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:					
Note instantaneous Intermediate Casing PSIG at end of test: >					
18. Comments: No pressure on Bradenhead					

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: Brendy Morgan Title: _____ Phone: 719-859-3641
Signed: [Signature] Title: _____ Date: 10-26-15
WITNESSED BY: _____ Title: _____ Agency: _____