



## 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: 96705 3. BLM Lease No: \_\_\_\_\_

2. Name of Operator: WPX ENERGY PRODUCTION LLC

4. API Number; 05-067-09316-00 5. Multiple completion? ☐ Yes ☐ No

6. Well Name: IGNACIO 33-7 Number: 2-16A

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE,16,33N,7W,N

8. County LA PLATA 9. Field Name: IGNACIO BLANCO

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

11. Date of Test: 04/13/2016

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: _____	Tubing: <u>97</u>	Prod Csg <u>104</u>	Intermediate	Surf. Csg
	Fm: _____	Fm: <u>MVRD</u>	Fm: _____	Csg: _____	<u>3</u>

### BRADENHEAD TEST

Buried valve? <input checked="" type="checkbox"/> Yes <input 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	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	00:01	<input type="checkbox"/>	MVRD 97	<input type="checkbox"/> 104		D
	05:00	<input type="checkbox"/>	MVRD 97	<input type="checkbox"/> 105		O
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		

BRADENHEAD SAMPLE TAKEN?  
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid: ☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black

Other:(describe) \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

Instantaneous Bradenhead PSIG at end of test: > 0

### 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, 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	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>		

INTERMEDIATE SAMPLE TAKEN?  
☐ Yes ☐ No ☐ Gas ☐ Liquid

Character of Intermediate fluid: ☐ Clear ☐ Fresh  
☐ Sulfur ☐ Salty ☐ Black

Other:(describe) \_\_\_\_\_

Sample cylinder number: \_\_\_\_\_

Instantaneous Intermediate Casing PSIG at end of test: > \_\_\_\_\_

Comments:

BH blew down to nothing in 1 second thru 1" valve. No INT. Left BH closed.

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

Test Performed By: David Snedden Title: Lease Operator III Phone: (505) 947-0232

Signed: Marie Jaramillo Title: Permit Tech Date: 5/10/2016

Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_