

State of Colorado  
Oil and Gas Conservation Commission

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|                                     |    |    |    |
|-------------------------------------|----|----|----|
| DE                                  | ET | OE | ES |
| Document Number:<br><u>17777247</u> |    |    |    |

**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: <u>76104</u>   | 3. BLM Lease No: <u>COC59035</u>   | 11. Date of Test: <u>08/30/2007</u>  |
| 2. Name of Operator: <u>SAMSON RESOURCES COMPANY</u>  |  | 12. Well Status: <input checked="" type="checkbox"/> Flowing   |
| 4. API Number; <u>05-067-08002-00</u>   | 5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift                                     |
| 6. Well Name: <u>IGNACIO 32-7</u>   | Number: <u>21-1</u>  | <input type="checkbox"/> Pumping <input type="checkbox"/> Injection                                    |
| 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE,21,32N,7W,N</u>  |  | <input type="checkbox"/> Clock/Intermitter   |
| 8. County <u>LA PLATA</u>   | 9. Field Name: <u>IGNACIO BLANCO</u>   | <input type="checkbox"/> Plunger Lift  |
| 10. Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian |  | 13. Number of Casing Strings:  |
|   |  | <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner? |

| 14. EXISTING PRESSURES        |  |                            |                                  |                            |                       |
|-------------------------------|--|----------------------------|----------------------------------|----------------------------|-----------------------|
| Record all pressures as found | Tubing: <u>140</u><br>Fm: <u>FRLDC</u> | Tubing: _____<br>Fm: _____ | Prod Csg <u>344</u><br>Fm: _____ | Intermediate<br>Csg: _____ | Surf. Csg<br><u>3</u> |

| BRADENHEAD TEST   |   |            |             |               |                     |                  |
|---|---|------------|-------------|---------------|---------------------|------------------|
| Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Elapsed Time (Min:Sec)                                | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: |
| Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | 00:21   | FRLDC 140  |             | 344           |                     |                  |
| 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 | 05:00   | FRLDC 140  |             | 344           |                     |                  |
| BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid   | 10:00   | FRLDC 140  |             | 344           |                     |                  |
| Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black  | 15:00   | FRLDC 140  |             | 344           |                     |                  |
| Other:(describe)  |   |            |             |               |                     |                  |
| Sample cylinder number: _____   | Instantaneous Bradenhead PSIG at end of test: > _____ |            |             |               |                     |                  |

| INTERMEDIATE CASING TEST  |  |            |             |               |                     |                  |
|---|--|------------|-------------|---------------|---------------------|------------------|
| Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Elapsed Time (Min:Sec)   | Fm: Tubing | Fm: Tubing: | Prod Csg PSIG | Intermedia Csg PSIG | Bradenhead Flow: |
| 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 |  |            |             |               |                     |                  |
| 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  |  |            |             |               |                     |                  |
| Other:(describe)  |  |            |             |               |                     |                  |
| Sample cylinder number: _____   | Instantaneous Intermediate Casing PSIG at end of test: > _____ |            |             |               |                     |                  |

Comments:

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

Test Performed By: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (970) 884-5085

Signed: BELINDA MARTINEZ Title: DATA ENTRY TEMP Date: 4/15/2009

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