

FORM
17
Rev
6/99

State of Colorado
Oil and Gas Conservation Commission

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Document Number: <u>17777185</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: _____	11. Date of Test: <u>07/22/2007</u>
2. Name of Operator: <u>SAMSON RESOURCES COMPANY</u>		12. Well Status: <input type="checkbox"/> Flowing
4. API Number; <u>05-067-09177-00</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>BROOME 33-7-30</u>	Number: <u>3</u>	<input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESW,30,33N,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>84</u>	Tubing: _____	Prod Csg <u>84</u>	Intermediate	Surf. Csg
	Fm: _____	Fm: _____	Fm: _____	Csg: <u>0</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						
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						
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: 4/14/2009

Witnessed By: _____ Title: _____ Agency: _____