

FORM 17

Rev 6/99

State of Colorado
Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

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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>14-201516</u>	11. Date of Test: <u>09/03/2007</u>
2. Name of Operator: <u>SAMSON RESOURCES COMPANY</u>		12. Well Status: <input checked="" type="checkbox"/> Flowing
4. API Number; <u>05-067-05021-00</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>COLORADO 32-7</u>	Number: <u>3</u>	<input type="checkbox"/> Pumping <input type="checkbox"/> Injection
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE,22,32N,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 type="checkbox"/> Two <input checked="" type="checkbox"/> Three <input type="checkbox"/> Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: <u>113</u> Fm: <u>DKTA</u>	Tubing: <u>119</u> Fm: <u>MVRD</u>	Prod Csg <u>257</u> Fm: _____	Intermediate Csg: <u>279</u>	Surf. Csg <u>98</u>
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BRADENHEAD TEST

Buried valve? Yes No
Confirmed open? Yes 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:
04:57	DKTA 113	MVRD 119	257	259	
05:00	DKTA 113	MVRD 119	257	259	
10:00	DKTA 113	MVRD 119	257	259	
15:00	DKTA 113	MVRD 119	257	259	
20:00	DKTA 113	MVRD 119	257	259	
25:00	DKTA 113	MVRD 119	257	259	
30:00	DKTA 113	MVRD 119	257	259	

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: > _____

INTERMEDIATE CASING TEST

Buried valve? Yes No
Confirmed open? Yes 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:
00:00	DKTA 113	MVRD 119	257		
05:00	DKTA 113	MVRD 119	249		
10:00	DKTA 113	MVRD 119	249		
15:00	DKTA 113	MVRD 119	249		
20:00	DKTA 113	MVRD 119	249		
25:00	DKTA 113	MVRD 119	249		
30:00	DKTA 113	MVRD 119	249		

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:

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: _____