

FORM
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6/99

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
Document Number: 2222865			

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: 76104 3. BLM Lease No: _____
 2. Name of Operator: SAMSON RESOURCES COMPANY
 4. API Number; 05-067-08492-00 5. Multiple completion? ☐ Yes ☐ No
 6. Well Name: EAKES Number: 24-3
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW,24,33N,8W,N
 8. County LA PLATA 9. Field Name: IGNACIO BLANCO
 10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 08/04/2011

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: 62 Fm: _____	Tubing: _____ Fm: _____	Prod Csg 62 Fm: _____	Intermediate Csg: _____	Surf. Csg 0
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BRADENHEAD TEST

Buried valve? ☐ Yes ☒ NoConfirmed 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

BRADENHEAD SAMPLE TAKEN?

☐ Yes ☒ No ☐ Gas ☐ Liquid
Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number:

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:01	<input type="checkbox"/> 62	<input type="checkbox"/>	<input type="checkbox"/> 62		O
05:00	<input type="checkbox"/> 62	<input type="checkbox"/>	<input type="checkbox"/> 62		O
10:00	<input type="checkbox"/> 62	<input type="checkbox"/>	<input type="checkbox"/> 62		O
15:00	<input type="checkbox"/> 62	<input type="checkbox"/>	<input type="checkbox"/> 62		O
20:00	<input type="checkbox"/> 62	<input type="checkbox"/>	<input type="checkbox"/> 62		O
25:00	<input type="checkbox"/> 62	<input type="checkbox"/>	<input type="checkbox"/> 62		O
30:00	<input type="checkbox"/> 62	<input type="checkbox"/>	<input type="checkbox"/> 62		O

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ NoConfirmed 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

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: >

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"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Comments:

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

Test Performed By: Julian Valencia Title: _____ Phone: (970) 884-5085

Signed: Julian Valencia Title: _____ Date: 8/4/2011

Witnessed By: _____ Title: _____ Agency: _____