

FORM
5Rev
02/08State 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:

400090980

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 76104 4. Contact Name: Jane Strutt
2. Name of Operator: SAMSON RESOURCES COMPANY Phone: (918) 591-1140
3. Address: TWO WEST SECOND ST Fax: _____
City: TULSA State: OK Zip: 74103

5. API Number 05-067-09223-00 6. County: LA PLATA
7. Well Name: Southern Ute 33-8-28 Well Number: 5
8. Location: QtrQtr: SENE Section: 28 Township: 33N Range: 8W Meridian: N
Footage at surface: Direction: FNL Distance: 2375 Direction: FEL Distance: 969
As Drilled Latitude: 37.075771 As Drilled Longitude: -107.717070

GPS Data:

Data of Measurement: 08/03/2010 PDOP Reading: 3.0 GPS Instrument Operator's Name: D. Myers

** If directional footage

at Top of Prod. Zone Distance: 1545 Direction: FNL Distance: 1796 Direction: FEL
at Bottom Hole Distance: 1396 Direction: FNL Distance: 1933 Direction: FEL

9. Field Name: IGNACIO BLANCO 10. Field Number: 3830011. Federal, Indian or State Lease Number: 14-20-151-4912. Spud Date: (when the 1st bit hit the dirt) 06/19/2010 13. Date TD: 06/24/2010 14. Date Casing Set or D&A: 06/25/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 4359 TVD 4020 17 Plug Back Total Depth MD 4310 TVD 397618. Elevations GR 7354 KB 7370

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/GR/CCL/RST

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	950	710	975	0
1ST	7+7/8	5+1/2	17	4,327	600	4,359	0

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
KIRTLAND	2,765	3,890	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	3,890	4,215	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	4,215		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Signed: _____

Print Name: Jane E Strutt

Title: Regulatory Technician

Date: _____

Email: jstrutt@samson.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC**

Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400091463	DIRECTIONAL SURVEY	Southern Ute 33-8-28-5 Final Survey.pdf
400092404	CMT SUMMARY	S Ute 33-8-28 #5 Surface.pdf

Total Attach: 2 Files