

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

400093435

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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 05-067-09259-00 6. County: LA PLATA
7. Well Name: HARPER Well Number: 3-13U
8. Location: QtrQtr: SWSE Section: 13 Township: 34N Range: 7W Meridian: M

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>08/11/2010</u>	Date of First Production this formation: <u>08/17/2010</u>
Perforations Top: <u>2988</u> Bottom: <u>3070</u>	No. Holes: <u>160</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac with 2,154bbls fluid and 127,723# sand. Acidize 5,200gals with 15% HCL.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
<u>Well flow was unstable for a partial day only. Will re-test after recompletion.</u>	
Date formation Abandoned: <u>08/25/2010</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>2938</u>	Sacks cement on top: _____

Comment:

This well Temporarily Abandoned. Samson currently plans to drill 3 laterals: one in each coal seam, to complete the well as a horizontal.

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 Completed Interval Report (Form 5A) 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
400094528	OTHER	Harper 3-13U Form 10.pdf
400094529	OTHER	Harper 3-13U Form 13 & BHP Report.pdf

Total Attach: 2 Files