

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



DE ET OE ES

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

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: FRUITLAND COAL Status: TEMPORARILY ABANDONED
Treatment Date: 08/11/2010 Date of First Production this formation: 08/17/2010
Perforations Top: 2988 Bottom: 3070 No. Holes: 160 Hole size: 0.4
Provide a brief summary of the formation treatment: _____ Open Hole:
Frac with 2,154bbls fluid and 127,723# sand. Acidize 5,200gals with 15% HCL.
This formation is commingled with another formation: Yes 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: SOLD Gas Type: COAL GAS BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____
Well flow was unstable for a partial day only. Will re-test after recompletion.
Date formation Abandoned: 08/25/2010 Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: 2938 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