

FORM
5

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

DRILLING COMPLETION REPORT

Document Number:

400094035

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 05-067-09239-00 6. County: LA PLATA
7. Well Name: UTE 33-7-25 Well Number: 6
8. Location: QtrQtr: SWNE Section: 25 Township: 33N Range: 7W Meridian: N
Footage at surface: Direction: FNL Distance: 1355 Direction: FEL Distance: 1600
As Drilled Latitude: 37.079113 As Drilled Longitude: -107.559414

GPS Data:

Data of Measurement: 07/29/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: D. Myers

** If directional footage

at Top of Prod. Zone Distance: 797 Direction: FNL Distance: 834 Direction: FEL
Sec: 25 Twp: 33N Rng: 07W
at Bottom Hole Distance: 665 Direction: FNL Distance: 680 Direction: FEL
Sec: 25 Twp: 33N Rng: 07W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: I-22-IND-2803

12. Spud Date: (when the 1st bit hit the dirt) 07/08/2010 13. Date TD: 07/11/2010 14. Date Casing Set or D&A: 07/12/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3425 TVD 3172 17 Plug Back Total Depth MD 3312 TVD 3071

18. Elevations GR 6403 KB 6419

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	359	270	370	0
1ST	7+7/8	5+1/2	17	3,404	480	3,425	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	2,037	2,938	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,938	3,239	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,239		<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
400094242	CMT SUMMARY	PJR - Ute 33-7-25-6 Surface.pdf
400094243	DIRECTIONAL SURVEY	Ute 33-7-25-6 Final Survey.pdf

Total Attach: 2 Files