

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

COMPLETED INTERVAL REPORT

Document Number:

400094042

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 05-067-09239-00 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

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 08/16/2010 Date of First Production this formation: 08/24/2010

Perforations Top: 3044 Bottom: 3118 No. Holes: 174 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole:

Frac with 2,699bbls fluid and 215,807# sand. Acidize 4,050gals 15% HCL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 195 Bbls H2O: 160

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 195 Bbls H2O: 160 GOR: _____

Test Method: pumping Casing PSI: 170 Tubing PSI: 170 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3163 Tbg setting date: 08/24/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

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 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
400094614	OTHER	Ute 33-7-25 #6 Form 10.pdf
400094615	OTHER	Ute 33-7-25 #6 Form 13 & BHP Report.pdf

Total Attach: 2 Files