

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:

2512765

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: (918) 591-7140
City: TULSA State: OK Zip: 74103

5. API Number 05-067-09293-00 6. County: LA PLATA
7. Well Name: S.E. BAYFIELD 34-7-13U Well Number: 6
8. Location: QtrQtr: NENE Section: 13 Township: 34N Range: 7W Meridian: N
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: 06/15/2010 Date of First Production this formation: 07/07/2010
Perforations Top: 3126 Bottom: 3244 No. Holes: 170 Hole size: 4/10
Provide a brief summary of the formation treatment: Open Hole: ☐
FRAC WITH 1,103 BBLS FLUID AND 80,800# SAND. ACIDIZE WITH 43 BBLS 15% HCL.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 296 Bbls H2O: 7
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 296 Bbls H2O: 7 GOR: _____
Test Method: PUMPING Casing PSI: 220 Tubing PSI: 220 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 980 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3293 Tbg setting date: 07/07/2010 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: RANDAL L MAXWELL
Title: REGULATORY ENGINEER Date: 8/6/2010 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: _____

David G. Neslin

Director of COGCC

Date: 11/2/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2512765	FORM 5A SUBMITTED	LF @ 2604529 2512765

Total Attach: 1 Files