

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:

400117202

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 05-067-09310-00

6. County: LA PLATA

7. Well Name: SOUTHERN UTE 33-9-36

Well Number: 4

8. Location: QtrQtr: NWSW Section: 36 Township: 33N Range: 9W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL


Status: PRODUCING

Treatment Date: 11/08/2010

Date of First Production this formation: 11/22/2010

Perforations	Top:	3849	Bottom:	4078	No. Holes:	152	Hole size:	0.4
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Provide a brief summary of the formation treatment:

Open Hole: 

Frac with 4063bbls fluid and 285,141# sand. Acidize with 6,450gals 15% HCL.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	11/26/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	289	Bbls H2O:	28
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	289	Bbls H2O:	28	GOR:
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Test Method: pumping	Casing PSI: 165	Tubing PSI: 165	Choke Size: 23/64
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	1	API Gravity Oil:
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 4120 Tbg setting date: 11/21/2010 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
400118256	OTHER

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)