

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:

2566348

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: HEIDI LEHR
2. Name of Operator: SAMSON RESOURCES COMPANY Phone: _____
3. Address: TWO WEST SECOND ST Fax: _____
City: TULSA State: OK Zip: 74103

5. API Number 05-081-07360-00 6. County: MOFFAT
7. Well Name: SHELL CREEK Well Number: 24-26 3R
8. Location: QtrQtr: SESW Section: 26 Township: 12N Range: 99W Meridian: 6
Footage at surface: Distance: 1180 feet Direction: FSL Distance: 1980 feet Direction: FWL
As Drilled Latitude: 40.967423 As Drilled Longitude: -108.489007

GPS Data:

Data of Measurement: 10/23/2008 PDOP Reading: 2.6 GPS Instrument Operator's Name: PAUL ORME

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: SHELL CREEK 10. Field Number: 77300

11. Federal, Indian or State Lease Number: 62109

12. Spud Date: (when the 1st bit hit the dirt) 01/07/2007 13. Date TD: _____ 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 16150 TVD 16150 17 Plug Back Total Depth MD 16150 TVD 16150

18. Elevations GR 6885 KB 6893

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

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	17+1/2	13+3/8		0	1,942	1,320	30	1,942	CALC
1ST	12+1/4	9+5/8		0	11,985	2,715	10,650	11,985	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well was plugged back - left fish in the hole

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: HEIDI LEHR

Title: SR ENGINEERING TECHNICIAN Date: 2/9/2009 Email: HLEHR@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: David S. Nashin Director of COGCC Date: 1/28/2011

Attachment Check List

Att Doc Num	Name
2566348	FORM 5 SUBMITTED
2566349	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)