

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:

2566352

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: 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 05-081-07360-01 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
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>BAXTER</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/04/2009</u>	Date of First Production this formation: _____
Perforations Top: <u>14398</u> Bottom: <u>15485</u>	No. Holes: <u>68</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>(15412-15485) FRAC W/ 1678BBLS FLUID & 3359# 30/50 SD</u> <u>(14398-14418) FRAC W/ 5579 BBL FLUID & 91400# 30/50 SD</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/18/2009</u> Hours: <u>21</u> Bbls oil: _____ Mcf Gas: <u>1454</u> Bbls H2O: <u>126</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: <u>1662</u> Bbls H2O: <u>144</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>1175</u> Tubing PSI: <u>650</u> Choke Size: <u>26/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>998</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>14345</u> Tbg setting date: <u>02/17/2009</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: NUGGET SANDSTONE Status: ABANDONED COMPLETION

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 17832 Bottom: 17886 No. Holes: 100 Hole size: 35/100

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

4930 gal 15% HCl

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: 161

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: 161 GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: RE-INJECTED Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

HOLE IN 7 5/8 LINER @ 16724-16740 - POSSIBLE PARTED 7 5/8 LINER @ 16738 - abandoned under CICR

Date formation Abandoned: 01/14/2009 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 16600 Sacks cement on top: 10

Comment: _____

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: 2/19/2009 Email HLEHR@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 S. Neslin Director of COGCC Date: 1/28/2011

Attachment Check List

Att Doc Num	Name
2566352	FORM 5A SUBMITTED
2566353	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)