

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:

2505128

## 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 05-067-09330-00

6. County: LA PLATA

7. Well Name: UTE 33-8-29

Well Number: 4

8. Location: QtrQtr: NWNW Section: 29 Township: 33N Range: 8W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

### Completed Interval

FORMATION: FRUITLAND COAL

Status: PRODUCING

Treatment Date: 05/28/2010

Date of First Production this formation: 06/14/2010

Perforations	Top:	3923	Bottom:	4172	No. Holes:	140	Hole size:	40/100
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Provide a brief summary of the formation treatment:

Open Hole: 

FRAC WITH 2,514 BBLS FLUID AND 152,948 # SAND. ACIDIZE WITH 50 BBLS 15% HCL.

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

**Test Information:**

Date:	06/18/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	170	Bbls H2O:	169
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	170	Bbls H2O:	169	GOR:
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Test Method: PUMPING	Casing PSI: 165	Tubing PSI: 165	Choke Size: 14/64
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	980	API Gravity Oil:	0
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 4205      Tbg setting date: 06/14/2010      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 Date: 7/14/2010 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: 2/16/2011

**Attachment Check List**

Att Doc Num	Name
2505128	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)