

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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COMPLETED INTERVAL REPORT

Document Number:

2511059

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) 5911140  
3. Address: TWO WEST SECOND ST Fax: (918) 5917140  
City: TULSA State: OK Zip: 74103

5. API Number 05-067-09790-00 6. County: LA PLATA  
7. Well Name: IGNACIO 32-7-22 Well Number: 4  
8. Location: QtrQtr: SWNE Section: 22 Township: 32N Range: 7W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 06/08/2010 Date of First Production this formation: 06/21/2010

Perforations Top: 3084 Bottom: 3428 No. Holes: 148 Hole size: 4/100

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

FRAC WITH 2.976BBLS FLUID AND 195160# SAND. ACIDIZE WITH 128 BBLs 15% HCL.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 06/25/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 169 Bbls H2O: 170

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 169 Bbls H2O: 170 GOR: 0

Test Method: PUMPING Casing PSI: 170 Tubing PSI: 170 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 980 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3491 Tbg setting date: 06/21/2010 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: RANDAL MAXWELL

Title: REGULATORY ENGINEER Date: 7/21/2010 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 S. Neslin*

Director of COGCC

Date: 2/16/2011

**Attachment Check List**

Att Doc Num	Name
2511059	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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