

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2512105

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

5. API Number 05-067-09313-00 6. County: LA PLATA  
7. Well Name: SOUTHERN UTE 33-7-32 Well Number: 4  
8. Location: QtrQtr: NWNE Section: 32 Township: 33N Range: 7W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND Status: PRODUCING  
Treatment Date: 07/07/2010 Date of First Production this formation: 07/20/2010  
Perforations Top: 2874 Bottom: 3170 No. Holes: 136 Hole size: 4/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
FRAC WITH 2,926BBLs FLUID AND 203,109# SAND, ACIDIZE WITH 4,300 GALS 15% HCL  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 07/24/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 232 Bbls H2O: 21  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 232 Bbls H2O: 21 GOR: 0  
Test Method: PUMPING Casing PSI: 145 Tubing PSI: 145 Choke Size: 22/64  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 980 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3226 Tbg setting date: 07/20/2010 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: RANDEL MAXWELL  
Title: REGULATORY ENGINEER Date: 8/18/2010 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
2512105	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)