

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:

2512495

**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 05-067-09216-00 6. County: LA PLATA  
7. Well Name: ARCO UTE 32-7-6 Well Number: 4  
8. Location: QtrQtr: SESE Section: 6 Township: 32N Range: 7W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
Treatment Date: 07/14/2010 Date of First Production this formation: 07/28/2010  
Perforations Top: 3188 Bottom: 3486 No. Holes: 212 Hole size: 4/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
FRAC WITH 3467 BBLS FLUID AND 202,296# SAND. ACIDIZE WITH 5930 GALS 15% HCL.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/01/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 96 Bbls H2O: 117  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 96 Bbls H2O: 117 GOR:           
Test Method: PUMPING Casing PSI: 101 Tubing PSI: 101 Choke Size: 21/64  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 980 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3551 Tbg setting date: 07/28/2010 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 ENGINEER Date: 8/27/2010 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
2512495	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)