

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

COMPLETED INTERVAL REPORT

Document Number:

2512495

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 S. 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)