

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:

2537101

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 05-067-09220-00 6. County: LA PLATA
7. Well Name: BRIGGS GAS UNIT B Well Number: 35-5
8. Location: QtrQtr: NENE Section: 35 Township: 33N Range: 8W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 07/23/2010 Date of First Production this formation: 08/03/2010

Perforations Top: 3370 Bottom: 3561 No. Holes: 184 Hole size: 4/100

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

FRAC WITH 3,509 BBLs FLUID AND 186,723# SAND, aCIDIZE 5,072 GALS WITH 15% HCl.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 134

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 134 GOR:

Test Method: PUMPING Casing PSI: 176 Tubing PSI: 176 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: 3617 Tbg setting date: 08/03/2010 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: 9/1/2010 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
2537101	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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