

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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Document Number:

2537101

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 05-067-09220-00 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: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/23/2010</u>	Date of First Production this formation: <u>08/03/2010</u>
Perforations Top: <u>3370</u> Bottom: <u>3561</u>	No. Holes: <u>184</u> Hole size: <u>4/100</u>
Provide a brief summary of the formation treatment: <u>FRAC WITH 3,509 BBLS FLUID AND 186,723# SAND, aCIDIZE 5,072 GALS WITH 15% HCl.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/07/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>315</u> Bbls H2O: <u>134</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>315</u> Bbls H2O: <u>134</u> GOR: <u></u>	
Test Method: <u>PUMPING</u> Casing PSI: <u>176</u> Tubing PSI: <u>176</u> Choke Size: <u>22/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>980</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>3617</u> Tbg setting date: <u>08/03/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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 G. 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>

Total: 0 comment(s)