

FORM
5

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

DRILLING COMPLETION REPORT

Document Number:

2510920

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 76104 4. Contact Name: JANE STRUTT
2. Name of Operator: SAMSON RESOURCES COMPANY Phone: (918) 591-1140
3. Address: TWO WEST SECOND ST Fax: (918) 591-7140
City: TULSA State: OK Zip: 74103

5. API Number 05-067-09385-00 6. County: LA PLATA
7. Well Name: SOUTHERN UTE 33-8-35 Well Number: 5
8. Location: QtrQtr: SWSW Section: 35 Township: 33N Range: 8W Meridian: N
Footage at surface: Distance: 1272 feet Direction: FSL Distance: 980 feet Direction: FWL
As Drilled Latitude: 37.056895 As Drilled Longitude: -107.692201

GPS Data:

Data of Measurement: 06/25/2010 PDOP Reading: 5.6 GPS Instrument Operator's Name: D. MYERS

** If directional footage

at Top of Prod. Zone Distance: 1838 feet Direction: FSL Distance: 2050 feet Direction: FWL
Sec: 35 Twp: 33N Rng: 8W
at Bottom Hole Distance: 1900 feet Direction: FSL Distance: 2167 feet Direction: FWL
Sec: 35 Twp: 33N Rng: 8W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: 14-20-151-49

12. Spud Date: (when the 1st bit hit the dirt) 04/30/2010 13. Date TD: 05/05/2010 14. Date Casing Set or D&A: 06/14/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 4404 TVD 4136 17 Plug Back Total Depth MD 4295 TVD 4031

18. Elevations GR 7257 KB 7273

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/GR/CCL/RST

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	370	270	0	380	CALC
1ST	7+7/8	5+1/2		0	4,380	605	550	4,404	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
KIRTLAND	2,876	3,999	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND	3,999	4,163	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	4,163		<input type="checkbox"/>	<input type="checkbox"/>	

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 Date: 7/15/2010 Email: JSTRUTT@SAMSON.COM

Attachment Check List

Att Doc Num	Name
2072179	CEMENT JOB SUMMARY
2510920	FORM 5 SUBMITTED
2510921	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)