

**FORM
5**Rev
02/08State 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

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.

Document Number:

400160905

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: _____
City: TULSA State: OK Zip: 74103

5. API Number 05-067-09837-00 6. County: LA PLATA
7. Well Name: IGNACIO 32-7-23 Well Number: 5
8. Location: QtrQtr: NWSW Section: 23 Township: 32N Range: 7W Meridian: N
Footage at surface: Distance: 997 feet Direction: FSL Distance: 955 feet Direction: FWL
As Drilled Latitude: 37.002734 As Drilled Longitude: -107.583136

GPS Data:

Data of Measurement: 05/09/2011 PDOP Reading: 4.5 GPS Instrument Operator's Name: D Myers

** If directional footage

at Top of Prod. Zone Distance: 737 feet Direction: FSL Distance: 300 feet Direction: FEL
Sec: 22 Twp: 32N Rng: 7W
at Bottom Hole Distance: 668 feet Direction: FSL Distance: 653 feet Direction: FEL
Sec: 22 Twp: 32N Rng: 7W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/04/2011 13. Date TD: 03/10/2011 14. Date Casing Set or D&A: 03/11/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3790 TVD 3355 17 Plug Back Total Depth MD 3689 TVD 326718. Elevations GR 6287 KB 6299

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/CCL/GR/Triple combo/Gas Spectrum

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	24	0	358	265	0	370	
1ST	7+7/8	5+1/2	17	0	3,777	560	0	3,790	

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	2,683	3,085	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	3,085	3,463	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,463		<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: Jane E Strutt

Title: Regulatory Technician Date: _____ Email: jstrutt@samson.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400160922	CEMENT JOB SUMMARY
400160923	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)