

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:

400161508

**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) 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  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
Treatment Date: 03/24/2011 Date of First Production this formation: 04/06/2011  
Perforations Top: 3097 Bottom: 3464 No. Holes: 188 Hole size: 0.34  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frac with 3,518bbls fluid and 188,440# sand. Acidize 7,050gals with 15% HCL.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 04/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 255 Bbls H2O: 40  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 255 Bbls H2O: 40 GOR: \_\_\_\_\_  
Test Method: pumping Casing PSI: 110 Tubing PSI: 110 Choke Size: 48/64  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3506 Tbg setting date: 04/06/2011 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: Jane E Strutt  
Title: Regulatory Technician Date: \_\_\_\_\_ Email jstrutt@samson.com  
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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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)