

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

Document Number:  
400170070

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.

Completion Type  Final completion  Preliminary completion

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

5. API Number 05-067-09835-00  
6. County: LA PLATA  
7. Well Name: IGNACIO 33-7  
Well Number: 16-4  
8. Location: QtrQtr: SWSE Section: 33 Township: 33N Range: 7W Meridian: N  
Footage at surface: Distance: 1052 feet Direction: FSL Distance: 2125 feet Direction: FEL  
As Drilled Latitude: 37.056172 As Drilled Longitude: -107.612446

GPS Data:  
Data of Measurement: 05/28/2011 PDOP Reading: 3.4 GPS Instrument Operator's Name: D Myers

\*\* If directional footage  
at Top of Prod. Zone Distance: 1288 feet Direction: FSL Distance: 1036 feet Direction: FEL  
Sec: 33 Twp: 33N Rng: 7W  
at Bottom Hole Distance: 1338 feet Direction: FSL Distance: 810 feet Direction: FEL  
Sec: 33 Twp: 33N 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) 04/03/2011 13. Date TD: 04/07/2011 14. Date Casing Set or D&A: 04/08/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 3275 TVD 2932 17 Plug Back Total Depth MD 3170 TVD 2837

18. Elevations GR 6278 KB 6289  
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	24	0	354	270	0	364	
1ST	7+7/8	5+1/2	17	0	3,262	470	0	3,275	

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	2,214	2,741	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,741	3,125	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,125		<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
400170140	CEMENT JOB SUMMARY
400170143	DIRECTIONAL SURVEY

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)