

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:

400170564

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 05-067-09835-00 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  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/27/2011</u>	Date of First Production this formation: <u>05/04/2011</u>
Perforations Top: <u>2878</u> Bottom: <u>2914</u>	No. Holes: <u>72</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac with 2606Bbl fluid and 154,226# sand. Acidize with 2600 gals 15% HCL.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/08/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>212</u> Bbls H2O: <u>153</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>212</u> Bbls H2O: <u>153</u> GOR: _____
Test Method: <u>pumping</u>	Casing PSI: <u>105</u> Tubing PSI: <u>105</u> Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u> BTU Gas: <u>1</u> API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>2948</u>	Tbg setting date: <u>05/04/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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**

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

Total: 0 comment(s)