

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:

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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 05-067-09843-00 6. County: LA PLATA
7. Well Name: SOUTHERN UTE 33-8-28 Well Number: 6A
8. Location: QtrQtr: NENE Section: 28 Township: 33N Range: 8W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: 05/13/2011 Date of First Production this formation: 06/15/2011
Perforations Top: 3726 Bottom: 3995 No. Holes: 204 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac with 3,764 Bbls fluid and 219,729# sand. Acidize with 5,092gals 15% HCL.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 404 Bbls H2O: 76
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 404 Bbls H2O: 76 GOR: _____
Test Method: pumping Casing PSI: 150 Tubing PSI: 150 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4024 Tbg setting date: 06/08/2011 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

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)