

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: 0
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: 5/9/2011 Email jstrutt@samson.com

Attachment Check List

Att Doc Num	Name
400161508	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)