

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:

400181645

**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: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/13/2011</u>	Date of First Production this formation: <u>06/15/2011</u>
Perforations Top: <u>3726</u> Bottom: <u>3995</u>	No. Holes: <u>204</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac with 3,764 Bbls fluid and 219,729# sand. Acidize with 5,092gals 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>06/19/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>404</u> Bbls H2O: <u>76</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>404</u> Bbls H2O: <u>76</u> GOR: _____	
Test Method: <u>pumping</u> Casing PSI: <u>150</u> Tubing PSI: <u>150</u> Choke Size: <u>32/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>4024</u> Tbg setting date: <u>06/08/2011</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: 7/8/2011 Email: jstrutt@samson.com

### Attachment Check List

Att Doc Num	Name
400181645	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)