

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



DE ET OE ES

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
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 05-067-09843-00
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: 0
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: 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>

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