

FORM
5
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:

400170070

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: <u>76104</u>	4. Contact Name: <u>Jane Strutt</u>
2. Name of Operator: <u>SAMSON RESOURCES COMPANY</u>	Phone: <u>(918) 591-1140</u>
3. Address: <u>TWO WEST SECOND ST</u>	Fax: _____
City: <u>TULSA</u> State: <u>OK</u> Zip: <u>74103</u>	

5. API Number <u>05-067-09835-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>IGNACIO 33-7</u>	Well Number: <u>16-4</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>33</u> Township: <u>33N</u> Range: <u>7W</u> Meridian: <u>N</u>	
Footage at surface: Distance: <u>1052</u> feet Direction: <u>FSL</u>	Distance: <u>2125</u> feet Direction: <u>FEL</u>
As Drilled Latitude: <u>37.056172</u>	As Drilled Longitude: <u>-107.612446</u>

GPS Data:
Date of Measurement: 05/28/2011 PDOP Reading: 3.4 GPS Instrument Operator's Name: D Myers

** If directional footage at Top of Prod. Zone Dist.: 1288 feet. Direction: FSL Dist.: 1036 feet. Direction: FEL
Sec: 33 Twp: 33N Rng: 7W

** If directional footage at Bottom Hole Dist.: 1338 feet. Direction: FSL Dist.: 810 feet. Direction: FEL
Sec: 33 Twp: 33N Rng: 7W

9. Field Name: <u>IGNACIO BLANCO</u>	10. Field Number: <u>38300</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>04/03/2011</u>	13. Date TD: <u>04/07/2011</u>	14. Date Casing Set or D&A: <u>04/08/2011</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>3275</u> TVD** <u>2932</u>	17 Plug Back Total Depth MD <u>3170</u> TVD** <u>2837</u>
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18. Elevations GR <u>6287</u> KB <u>6298</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:
CBL/GR/CCL/RST

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status

ADDITIONAL CEMENT

Cement work date: _____

Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
KIRTLAND	2,214	2,741	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,741	3,125	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,125		<input type="checkbox"/>	<input type="checkbox"/>	

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: 6/3/2011 Email: jstrutt@samson.com

Attachment Check List

Att Doc Num	Document Name	attached ?
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Attachment Checklist

		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ DIGITAL LOGS	7/21/2011 12:12:56 PM

Total: 1 comment(s)