

**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



DE ET OE ES

Document Number:

2069299

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: 76104

4. Contact Name: KATHY STANTON

2. Name of Operator: SAMSON RESOURCES COMPANY

Phone: (918) 583-1791

3. Address: TWO WEST SECOND ST

Fax: (918) 591-1796

City: TULSA State: OK Zip: 74103

5. API Number 05-081-07453-00

6. County: MOFFAT

7. Well Name: STATE

Well Number: 33-15

8. Location: QtrQtr: NWSE Section: 15 Township: 6N Range: 91W Meridian: 6

Footage at surface: Distance: 1997 feet Direction: FSL Distance: 1921 feet Direction: FEL

As Drilled Latitude: 40.475810 As Drilled Longitude: -107.588100

GPS Data:

Date of Measurement: 11/06/2009 PDOP Reading: 2.4 GPS Instrument Operator's Name: DAVE NOLAND

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: CRAIG

10. Field Number: 13500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/16/2009 13. Date TD: 09/13/2009 14. Date Casing Set or D&A: 09/14/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7825 TVD** 17 Plug Back Total Depth MD 7825 TVD**

18. Elevations GR 6269 KB 6285

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

ARRAY COMP TRUE RES, DEN/NEU/RES. SONCI PORO, CBL, DEN/NEU

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
SURF	12+1/4	9+5/8		0	563	310	0	563	
1ST	8+3/4	7		0	6,332	695	4,420	6,332	CBL

ADDITIONAL CEMENT

Cement work date: _____					
Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,358		460	4,358

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	
NIOBRARA	6,443		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,759		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

RIMROCK 3195, TOW CREEK 6783, WOLF MTN 7096, LWR NIOBRARA 7292,

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y _____ Print Name: KATHY STATON _____

Title: MGR. REGULATORY ENGINEERI _____ Date: _____ Email: KSTATON@SAMPSON.COM _____

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)