

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

DRILLING COMPLETION REPORT

Document Number:
2069299

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

Total: 0 comment(s)