

FORM
5Rev
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:

400181636

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: 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

Footage at surface: Distance: 1143 feet Direction: FNL Distance: 1168 feet Direction: FEL

As Drilled Latitude: 37.079165 As Drilled Longitude: -107.717732

GPS Data:

Date of Measurement: 06/27/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: D Myers

** If directional footage at Top of Prod. Zone Dist.: 1555 feet. Direction: FNL Dist.: 737 feet. Direction: FEL

Sec: 28 Twp: 33N Rng: 8W

** If directional footage at Bottom Hole Dist.: 675 feet. Direction: FNL Dist.: 681 feet. Direction: FEL

Sec: 28 Twp: 33N Rng: 8W

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number: 142015149

12. Spud Date: (when the 1st bit hit the dirt) 04/29/2011 13. Date TD: 05/04/2011 14. Date Casing Set or D&A: 05/05/2011

15. Well Classification:

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

16. Total Depth MD 4220 TVD** 4151 17 Plug Back Total Depth MD 4167 TVD** 4098

18. Elevations GR 7380 KB 7392

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:

CBL/CCL/GR/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
SURF	12+1/4	8+5/8	24	0	570	405	0	580	CALC
1ST	7+7/8	5+1/2	17	0	4,212	620	2,000	4,220	CBL

ADDITIONAL CEMENT

Cement work date: 05/24/2011

Details of work:

Set CBP @1850'; perf sqz holes @ 1800'; plug @ 1812' 13 sx cmt. Shot sqz holes at 620'; pump 187 sx cmt.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	2ND	1,800	13		
SQUEEZE	2ND	620	187	0	620

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	2,687	3,725	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	3,725	4,003	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	4,003		<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: 7/8/2011 Email: jstrutt@samson.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400181637	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400181639	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400183024	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400181636	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REQ DIGITAL LOGS	7/21/2011 2:10:31 PM

Total: 1 comment(s)