

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: 400232701

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.

Completion Type [X] 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 City: TULSA State: OK Zip: 74103 Fax:

5. API Number 05-067-09846-00 6. County: LA PLATA
7. Well Name: COLORADO 32-7-9 Well Number: 14
8. Location: QtrQtr: NENE Section: 9 Township: 32N Range: 7W Meridian: N
Footage at surface: Distance: 1234 feet Direction: FNL Distance: 1285 feet Direction: FEL
As Drilled Latitude: 37.035467 As Drilled Longitude: -107.609439

GPS Data:
Date of Measurement: 12/13/2011 PDOP Reading: 3.7 GPS Instrument Operator's Name: D Myers

** If directional footage at Top of Prod. Zone Dist.: 1975 feet. Direction: FNL Dist.: 667 feet. Direction: FEL
Sec: 9 Twp: 32N Rng: 7W
** If directional footage at Bottom Hole Dist.: 1971 feet. Direction: FNL Dist.: 666 feet. Direction: FEL
Sec: 9 Twp: 32N Rng: 7W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: 142015137

12. Spud Date: (when the 1st bit hit the dirt) 10/20/2011 13. Date TD: 10/25/2011 14. Date Casing Set or D&A: 11/23/2011

15. Well Classification:
[] Dry [] Oil [X] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

16. Total Depth MD 3405 TVD** 3171 17 Plug Back Total Depth MD 3227 TVD** 3108

18. Elevations GR 6218 KB 6230
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

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	1,936	2,923	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,923	3,180	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,180		<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: _____ Email: jstrutt@samson.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400233725	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400233726	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"/>
400234663	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)