

FORM
5A

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:

400232796

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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 05-067-09846-00 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
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/13/2011</u>		Date of First Production this formation: <u>11/23/2011</u>	
Perforations	Top: <u>2926</u> Bottom: <u>3180</u>	No. Holes: <u>168</u>	Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac with 4,330Bbls fluid and 262,289# sand. Acidize 6,700 gals with 15% HCL</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>11/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>90</u> Bbls H2O: <u>28</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>90</u> Bbls H2O: <u>28</u> GOR: _____
Test Method: <u>pumping</u>	Casing PSI: <u>95</u>	Tubing PSI: <u>75</u>	Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>3227</u>	Tbg setting date: <u>11/21/2011</u>	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____ Sacks cement on top: _____			

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)