

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400309267

Date Received:

## 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 05-067-09856-00

6. County: LA PLATA

7. Well Name: INDIAN MESA 32-7-11

Well Number: 1

8. Location: QtrQtr: SWSE Section: 11 Township: 32N Range: 7W Meridian: N

Footage at surface: Distance: 180 feet Direction: FSL Distance: 2145 feet Direction: FEL

As Drilled Latitude: 37.024871 As Drilled Longitude: -107.576060

## GPS Data:

Date of Measurement: 03/28/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: D Myers

\*\* If directional footage at Top of Prod. Zone Dist.: 732 feet. Direction: FSL Dist.: 1186 feet. Direction: FEL

Sec: 11 Twp: 32N Rng: 7W

\*\* If directional footage at Bottom Hole Dist.: 890 feet. Direction: FSL Dist.: 899 feet. Direction: FEL

Sec: 11 Twp: 32N Rng: 7W

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/16/2011 13. Date TD: 09/21/2011 14. Date Casing Set or D&amp;A: 09/23/2011

## 15. Well Classification:

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

16. Total Depth MD 3615 TVD\*\* 3227 17 Plug Back Total Depth MD 3556 TVD\*\* 3178

18. Elevations GR 6306 KB 6318

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:

CCL/GR/CBL/AI/Triple combo

## 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	355	265	0	365	
1ST	7+7/8	5+1/2	17	0	3,608	525	0	3,615	

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
Details of work: _____					

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
KIRTLAND	2,059	3,019	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	3,019	3,387	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,387		<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>		
400309299	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400309300	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"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400324623	WELLBORE DIAGRAM	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)