

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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
2. Name of Operator: SAMSON RESOURCES COMPANY
3. Address: TWO WEST SECOND ST
City: TULSA State: OK Zip: 74103
4. Contact Name: Jane Strutt
Phone: (918) 591-1140
Fax:

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
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/13/2011 End Date: 10/13/2011 Date of First Production this formation: 03/20/2012

Perforations Top: 3020 Bottom: 3388 No. Holes: 262 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: [ ]

Frac with 4559Bbbs fluid and 263,000# sand. Acidize with 214Bbbs 15%HCL.

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 4559 Max pressure during treatment (psi): 3

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Max frac gradient (psi/ft): 1.34

Total acid used in treatment (bbl): 214 Number of staged intervals: 3

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5042

Fresh water used in treatment (bbl): 3337 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 263000 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2229 Bbl H2O: 293

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2229 Bbl H2O: 293 GOR:

Test Method: flowing Casing PSI: 750 Tubing PSI: 615 Choke Size: 5/64

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1 API Gravity Oil:

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2942 Tbg setting date: 02/25/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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  
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**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)