

**FORM**  
**5**  
Rev  
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:  
400242045

Date Received:  
11/20/2012

**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 05-067-09845-01 6. County: LA PLATA  
 7. Well Name: Lucero 32-7-11 Well Number: 1  
 8. Location: QtrQtr: SWSW Section: 11 Township: 32N Range: 7W Meridian: N  
 Footage at surface: Distance: 1040 feet Direction: FSL Distance: 445 feet Direction: FWL  
 As Drilled Latitude: 37.027233 As Drilled Longitude: -107.585393

GPS Data:  
 Date of Measurement: 12/13/2011 PDOP Reading: 4.8 GPS Instrument Operator's Name: D Myers

\*\* If directional footage at Top of Prod. Zone Dist.: 1423 feet. Direction: FSL Dist.: 726 feet. Direction: FWL

Sec: 11 Twp: 32N Rng: 7W

\*\* If directional footage at Bottom Hole Dist.: 1487 feet. Direction: FSL Dist.: 727 feet. Direction: FWL

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) 09/10/2011 13. Date TD: 10/29/2011 14. Date Casing Set or D&A: 09/16/2011

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

16. Total Depth MD 2952 TVD\*\* 2834 17 Plug Back Total Depth MD 2952 TVD\*\* 2834

18. Elevations GR 6243 KB 6255 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:

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	356	265	0	365	CALC
1ST	7+7/8	5+1/2	17	0	3,235	465	0	3,240	CBL
OPEN HOLE	5+1/2			2636	2,952				

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	1ST	2,521			

Details of work:

Cut window 2636-2641 and built curve to 2952'; too low and will back up and start again.

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	1,891	2,683	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,683	3,017	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,017		<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: 11/20/2012 Email: jstrutt@samson.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400242167	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"/>
<b>Other Attachments</b>			
400242045	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Lat #1) Cut window 2636-2641 and built curve to 2952'; too low and will back up and start again.	11/26/2012 6:35:49 AM

Total: 1 comment(s)