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Document Number:
1913118

Date Received:
07/27/2007

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: KATHY STATON
 2. Name of Operator: SAMSON RESOURCES COMPANY Phone: (918) 583-1791
 3. Address: TWO WEST SECOND ST ATTN: Fax: (918) 591-1796
 City: TULSA State: OK Zip: 74103

5. API Number 05-067-09252-00 6. County: LA PLATA
 7. Well Name: HARPER Well Number: 2-13U
 8. Location: QtrQtr: SWSE Section: 13 Township: 34N Range: 7W Meridian: M
 Footage at surface: Distance: 1040 feet Direction: FSL Distance: 1519 feet Direction: FEL
 As Drilled Latitude: 37.186768 As Drilled Longitude: -107.555535

GPS Data:
 Date of Measurement: 06/14/2007 PDOP Reading: 3.3 GPS Instrument Operator's Name: I. ELLISON

** If directional footage at Top of Prod. Zone Dist.: 1817 feet. Direction: FSL Dist.: 821 feet. Direction: FEL
 Sec: 13 Twp: 34N Rng: 7W
 ** If directional footage at Bottom Hole Dist.: 1966 feet. Direction: FSL Dist.: 669 feet. Direction: FEL
 Sec: 13 Twp: 34N 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) 04/28/2007 13. Date TD: 05/02/2007 14. Date Casing Set or D&A: 05/03/2007

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

16. Total Depth MD 3455 TVD** 3135 17 Plug Back Total Depth MD 3344 TVD** 3037

18. Elevations GR 6835 KB 6847
 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		0	349	285	0	349	CALC
1ST	7+7/8	5+1/2		0	3,410	440	0	3,410	CALC

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:

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	1,998		<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND	3,011		<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,133		<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: RANDAL L. MAXWELL

Title: REGULATORY ENGINEER Date: 8/24/2007 Email: _____

Attachment Check List

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

General Comments

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

Total: 0 comment(s)