

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400649635

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 05-067-09878-00

6. County: LA PLATA

7. Well Name: Colorado 32-7

Well Number: 10-3

8. Location: QtrQtr: NENW Section: 4 Township: 32N Range: 7W Meridian: N

Footage at surface: Distance: 923 feet Direction: FNL Distance: 1351 feet Direction: FWL

As Drilled Latitude: 37.050757 As Drilled Longitude: -107.618465

GPS Data:

Data of Measurement: 06/16/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: David Myers

** If directional footage at Top of Prod. Zone Dist.: 1660 feet. Direction: FNL Dist.: 1947 feet. Direction: FWL

Sec: 4 Twp: 32N Rng: 7W

** If directional footage at Bottom Hole Dist.: 1875 feet. Direction: FNL Dist.: 3132 feet. Direction: FWL

Sec: 4 Twp: 32N Rng: 7W

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number: 14-20-151-4

12. Spud Date: (when the 1st bit hit the dirt) 05/21/2014 13. Date TD: 05/26/2014 14. Date Casing Set or D&A: 06/26/2014

15. Well Classification:

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

16. Total Depth MD 3404 TVD** 3049 17 Plug Back Total Depth MD 3328 TVD** 2984

18. Elevations GR 6284 KB 6295

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:

RA Bond Log/Pulsed Neutron

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	10	351	125	0	362	CALC
1ST	7+7/8	5+1/2	17	9	3,389	233	903	3,404	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	
FARMINGTON	2,092	2,468	<input type="checkbox"/>	<input type="checkbox"/>	
KIRTLAND	2,468	2,797	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,797	3,256	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,256		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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>					
400652036	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400651404	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400651964	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400651974	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)