

FORM 5A

Rev 06/12

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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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 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 Email: jstrutt@samson.com

5. API Number 05-067-09869-00 6. County: LA PLATA
 7. Well Name: Bonine 34-7-24 Well Number: #4
 8. Location: QtrQtr: NWSE Section: 24 Township: 34N Range: 7W Meridian: M
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

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

Treatment Date: 06/24/2014 End Date: 06/24/2014 Date of First Production this formation: 07/12/2014

Perforations Top: 3362 Bottom: 3490 No. Holes: 88 Hole size: 0.4

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

Frac with 3956Bbbs fluid and 198,000# sand. Acidize with 73Bbbs 15% HCL.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3956 Max pressure during treatment (psi): 3386
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.00
 Total acid used in treatment (bbl): 73 Number of staged intervals: 2
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 774
 Fresh water used in treatment (bbl): 3742 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 198000 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/30/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 297 Bbl H2O: 50
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 297 Bbl H2O: 50 GOR: 0
 Test Method: pumping Casing PSI: 160 Tubing PSI: 160 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 3517 Tbg setting date: 07/08/2014 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

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Total Attach: 0 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)